

**This document was too large to scan  
as a single document. It has  
been divided into smaller sections.**

**Section 1 of 2**

<b>Document Information</b>			
<b>Document #</b>	FH-0500144.8		
<b>Title</b>	ADMIN DECOMMISSIONING LETTER FOR WELLS WITH & WITHOUT SURVEYS		
<b>Date</b>	06/27/2006		
<b>Originator</b>	GALLAGHER RG FORD BH	<b>Originator Co.</b>	FH
<b>Recipient</b>	KLEIN KA	<b>Recipient Co.</b>	DOE-RL
<b>References</b>	DE-AC06-96RL13200, WHC-SD-EN-PRS-003-R0, WAC-173-160-460		
<b>Other</b>			
<b>Structure</b>			

## CORRESPONDENCE DISTRIBUTION/REVIEW COVERSHEET

**DATE DUE TO RL:** \_\_\_\_\_

**Contact Person:** Dick Biggerstaff/Barbara Howard

**Phone No.:** 373-3984/373-3871

**Date:** JUN 27 2006

**Author:**

**Addressee:**

**Correspondence No.:**

R. G. Gallagher, FH, 376-3576

K. A. Klein, RL

**FH-0500144.18**

B. H. Ford, FH, 373-3809

**Contract No.:** DE-AC06-96RL13200

**SUBJECT:** ADMINISTRATIVE DECOMMISSIONING LETTER FOR WELLS WITH AND WITHOUT SURVEYS

### INTERNAL DISTRIBUTION (attach additional sheet if needed)

Name	Location	w/att	Name	Location	w/att
Correspondence Control	A3-01	X	V. G. Johnson	E6-35	
R. L. Biggerstaff	E6-35	X	G. G. Kelty	E6-35	
J. V. Borghese	E6-35	X	J. G. Riddelle	E6-35	
L. J. Farrell	E6-35		L. C. Swanson <i>JS</i>	E6-35	
<b>B. H. Ford</b> <i>JS</i>	E6-35		<b>J. A. Winterhalder</b> <i>JS</i>	E6-35	
B. A. Howard	E6-35				
B. J. Howard	E6-35				

Review/Approve (Internal Distribution should also include those listed below)	Location	w/att	Comments		Date	Comments Incorporated		Date
			Yes	No		Yes	No	
R. T. Wilde <i>R Wilde</i>	H8-44			✓	6-23-06			
Prime Contracts POC	B3-70							
L. J. Hunter <i>JS</i>				✓	6/26/06			
Prime Contracts	B3-70			✓	6-27-06			
H. Hermanas <i>JS</i>								
Office of the President <i>JS</i>	H5-20			✓	6/27/06			
<b>Commitment Date(s)/Action</b> (Identify ALL external commitments, actions, and target completion dates in the letter and any attachments):								

### EXECUTIVE SUMMARY (when needed)

*Transmits the recent results of an extensive effort being conducted by FH's Groundwater Remediation Project to identify wells on the Hanford Site that have been decommissioned, but have not been properly documented in the Hanford Well Information System (HWIS) - Well Inventory.*

# FLUOR

JUN 27 2006

FH-0500144.18  
CONTRACT NO. DE-AC06-96RL13200

Mr. Keith A. Klein, Manager  
U.S. Department of Energy  
Richland Operations Office  
Post Office Box 550  
Richland, Washington 99352

Dear Mr. Klein:

## ADMINISTRATIVE DECOMMISSIONING LETTER FOR WELLS WITH AND WITHOUT SURVEYS

In accordance with Section C.2.6 of the PHMC, this correspondence transmits the recent results of a continued systematic effort by FH's Groundwater Remediation Project to identify unique well records on the Hanford Site (Site) that require *Administrative* Decommissioning.

Table 1 (Attachment 1) lists 54 unique well records numerically by Well ID and associated Well Name. These wells are listed as "Decommissioned" in "Appendix B" of document WHC-SD-EN-PRS-003, Rev. 0, entitled "Summary Report of Hanford Site Well Remediation and Decommissioning Activities for Fiscal Year 1995", by M. G. Gardner and A. L. Schatz. A thorough review of available well records was conducted and pertinent documentation available to administratively decommission these 54 wells is attached (Attachment 2).

A formal Well Name was assigned to 15 of the 54 wells and 3 of the 15 have no survey coordinates. A temporary well name was assigned to 39 wells of these wells and 30 of the 39 have no survey coordinates.

All wells on the Site are assigned a unique well identification number (Well ID) during the well construction planning process. Once a Well ID is assigned; e.g. A8996, that ID becomes a "unique well record" and the number cannot be used again, even if the well is never drilled. Well ID's, and other pertinent well data are tracked in the Hanford Well Information System (HWIS). The Well ID is also used as a "place holder" in the Well Name column in HWIS. Temporary well names, e. g. BH#1 or 116-B-5H, have been used, on occasion, but this is strongly discouraged. Once the well is completed, the "place holder" Well ID is replaced with a formal Well Name, such as 699-80-62. The well naming protocols are designed to convey the well's general location on the Site. For example,

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“699” identifies the well as being in the 600 Areas, “80” indicates a specific region within the West Area, and “62” indicates it is the 62<sup>nd</sup> well drilled within that specific region. In the last twenty years or so, when a Well Name was assigned, the well would be surveyed and the coordinates and other pertinent well data entered into the HWIS. Prior to this, either some wells were not surveyed, or the survey information is no longer retrievable. Some wells are drilled to obtain “one-time” data, and are plugged to the surface before moving the rig off-location. These wells are not assigned a Well Name, but are surveyed to provide coordinates of record.

The Washington State Water Well Construction Act (1971), Chapter 18.104.020 RCW, defines Well Decommissioning as “...to fill or plug a well so that it will not produce water, serve as a channel for movement of water or pollution, or allow the entry of pollutants into the well or aquifers.” In 1986, the Site became subject to Washington Administrative Code (WAC) requirements. WAC 173-160-460 defines the requirements for well decommissioning. A completed Water Well Report form is required to be transmitted (by the Driller) to the Washington State Department of Ecology (Ecology) when a well is decommissioned. This report provides the details of the well's construction and the steps taken to decommission (plug) the well. When the records available are insufficient to meet the specific requirements of the well decommissioning process, or there is no record of the transmittal, the wells are *Administratively* Decommissioned; i.e., all available information is provided to Ecology to demonstrate that the well was never drilled, or was drilled and subsequently plugged. Since many hundreds of wells were planned but not drilled, or drilled but subsequently plugged, between Site inception in 1943 and 1986, these wells are candidates for *Administrative* Decommissioning. In addition, records of some wells that were planned and not drilled, or drilled and plugged *after* 1986, apparently were inadvertently not transmitted to the State, as required.

Fifteen of the 54 wells in Attachments 1 & 2 have a Well ID, a formal Well Name, of which 12 have survey coordinates and 3 do not. Those with coordinates are 199-N-93A, 95A and 97A, 699-101-48C, 699-80-39B and 80-62, 83-36B, C, D, and E, 84-61B and 98-54A, and those without are 699-41-61A, B and C. Thirty-nine of the 54 wells have temporary well names of which 9 have survey coordinates and 30 do not. Those with coordinates are 116-B-5A, B, C, D, E, F, G, H and I, and those without are BH#1, BH#2, C-1-1 thru C-1-23, and DTTS-IT1 thru IT5. All 39 of the wells with temporary well names as well as wells 699-41-61A, B and C were installed with push technology and the holes were backfilled as the work-string was withdrawn. The remaining 12 wells with formal well names were conventionally drilled wells with the exception of 699-83-36B which was an old cistern (5 foot in diameter and 35 feet deep) from pre-Hanford days.




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There are no transmittal letter records to indicate that Water Well Reports were transmitted to Ecology for any of these wells. This documentation will be used to change the Current Well Status to "Decommissioned - Verified" in the HWIS Well Inventory. Please inform Ecology of these changes.

If you have any technical questions, please contact Bruce Ford on 373-3809; contractual questions should be referred to Lori Hunter on 376-6986.

Very truly yours,

  
Ronald G. Gallagher  
President and  
Chief Executive Officer

Attachments - 2

RL - W. W. Ballard  
B. L. Charboneau  
C. E. Clark  
M. S. French  
J. B. Hebdon

M. S. McCormick  
J. G. Morse  
O. C. Robertson  
L. D. Romine  
J. F. Schwier

S. A. Sieracki  
K. M. Thompson  
A. C. Tortoso  
S. J. Veitenheimer  
M. J. Weis

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JUN 27 2006

**DOE-RL/RLCC**

FH-0500144.18

ATTACHMENT 1

*Table 1: A Listing of 54 Wells to be Administratively Decommissioned*

Consisting of 2 pages,  
including coversheet

Table I  
A Listing of 54 Wells to be Administratively Decommissioned

1	B2515	116-B-5A		31	B2585	C-1-13
2	B2516	116-B-5B		32	B2586	C-1-14
3	B2517	116-B-5C		33	B2587	C-1-15
4	B2518	116-B-5D		34	B2588	C-1-16
5	B2519	116-B-5E		35	B2589	C-1-17
6	B2520	116-B-5F		36	B2590	C-1-18
7	B2521	116-B-5G		37	B2591	C-1-19
8	B2522	116-B-5H		38	B2574	C-1-2
9	B2523	116-B-5I		39	B2592	C-1-20
10	A9879	199-N-93A		40	B2593	C-1-21
11	A9881	199-N-95A		41	B2594	C-1-22
12	A9883	199-N-97A		42	B2595	C-1-23
13	A9102	699-101-48C		43	B2575	C-1-3
14	B2430	699-41-61A		44	B2576	C-1-4
15	B2431	699-41-61B		45	B2577	C-1-5
16	B2432	699-41-61C		46	B2578	C-1-6
17	A8991	699-80-39B		47	B2579	C-1-7
18	A8996	699-80-62		48	B2580	C-1-8
19	B2475	699-83-36B		49	B2581	C-1-9
20	B2472	699-83-36C		50	A9983	DTTS-IT1
21	B2473	699-83-36D		51	A9984	DTTS-IT2
22	B2474	699-83-36E		52	A9985	DTTS-IT3
23	A9033	699-84-61B		53	A9986	DTTS-IT4
24	A9096	699-98-54A		54	A9987	DTTS-IT5
25	A9971	BH#1				
26	A9972	BH#2				
27	B2573	C-1-1				
28	B2582	C-1-10				
29	B2583	C-1-11				
30	B2584	C-1-12				

FH-0500144.18

ATTACHMENT 2

*Documentation to Support the Administrative Decommissioning of 54 Wells Listed in  
Table 1*

Consisting of 302 pages,  
including coversheet

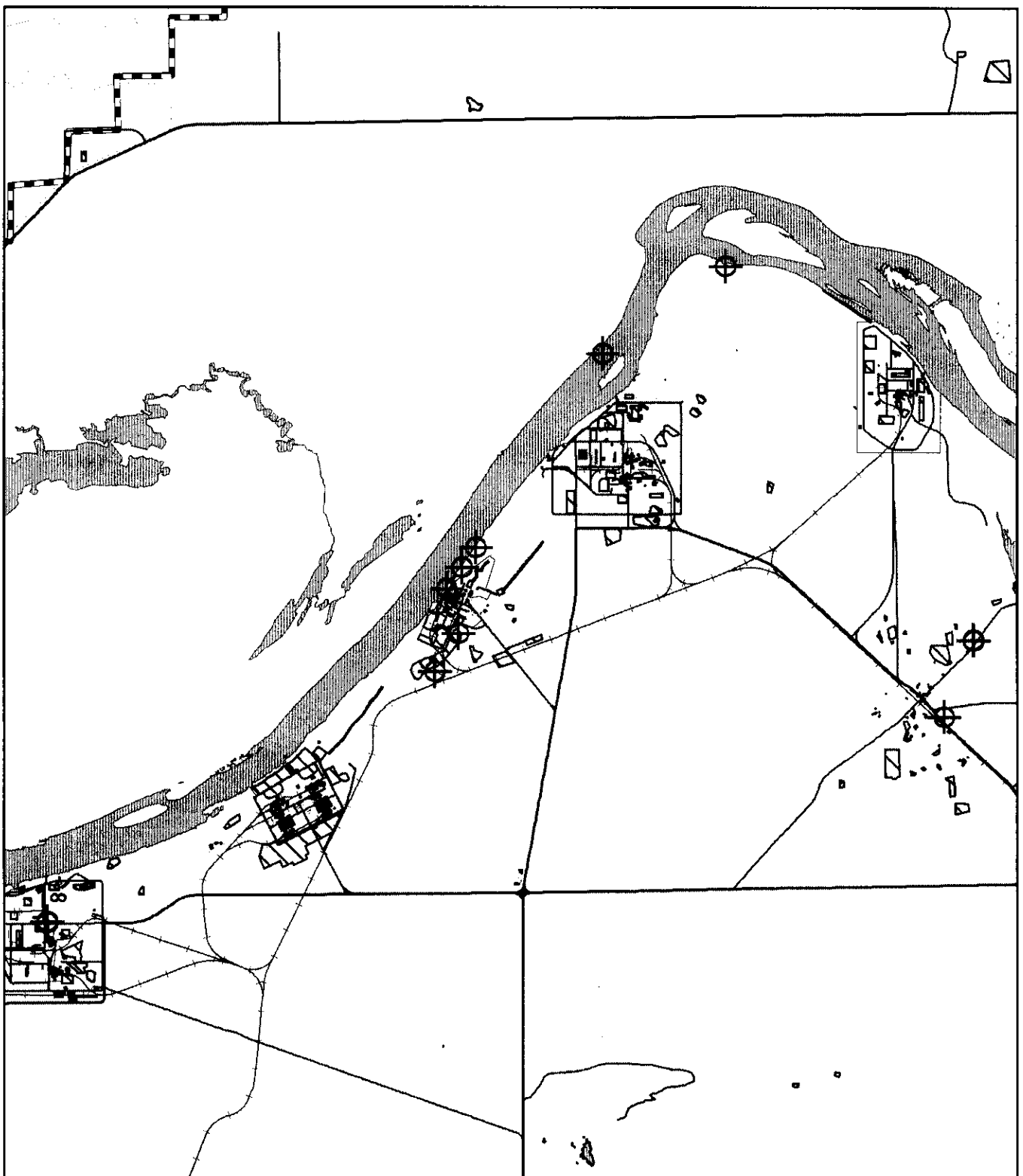
## Administrative Decommissioning of wells from

Summary Report of Hanford Site Well Remediation and Decommissioning Activities for Fiscal Year 1995 WHC-SD-EN-PRS-003, Rev. 0

	WELL ID	WELL NAME	STATUS	STATUS CHANGE DATE	WELL TYPE	WELL PURPOSE	HOST WELL ID	ASSIGNED TO	ASSIGNED DATE	DRILL DATE	DRILL DEPTH	DTB	GW AOI	ELEVATION	EASTING	NORTHING
1	B2515	116-B-5A	DECOMMISSIONED	27-Jun-95	STANDARD	VADOSE		Amos, O.	27-Jun-95				100-BC-5		565287	144769
2	B2516	116-B-5B	DECOMMISSIONED	27-Jun-95	STANDARD	VADOSE		Schatz, A.L.	10-Jan-95				100-BC-5		565287	144762
3	B2517	116-B-5C	DECOMMISSIONED	27-Jun-95	STANDARD	VADOSE		Amos, O.	27-Jun-95				100-BC-5		565287	144754
4	B2518	116-B-5D	DECOMMISSIONED	27-Jun-95	STANDARD	VADOSE		Amos, O.	27-Jun-95				100-BC-5		565288	144754
5	B2519	116-B-5E	DECOMMISSIONED	28-Jun-95	STANDARD	VADOSE		Amos, O.	27-Jun-95				100-BC-5		565291	144754
6	B2520	116-B-5F	DECOMMISSIONED	28-Jun-95	STANDARD	VADOSE		Amos, O.	27-Jun-95				100-BC-5		565293	144754
7	B2521	116-B-5G	DECOMMISSIONED	28-Jun-95	STANDARD	VADOSE		Amos, O.	27-Jun-95				100-BC-5		565293	144762
8	B2522	116-B-5H	DECOMMISSIONED	28-Jun-95	STANDARD	VADOSE		Amos, O.	27-Jun-95				100-BC-5		565293	144769
9	B2523	116-B-5I	DECOMMISSIONED	28-Jun-95	STANDARD	VADOSE		Amos, O.	27-Jun-95				100-BC-5		565289	144754
10	A9879	199-N-93A	DECOMMISSIONED	19-Oct-94	STANDARD	GROUNDWATER							100-NR-2	120.787	571560	150260
11	A9881	199-N-95A	DECOMMISSIONED	18-Oct-94	STANDARD	VADOSE							100-NR-2		571360	149970
12	A9883	199-N-97A	DECOMMISSIONED	11-Oct-94	STANDARD	VADOSE							100-NR-2	120.845	571140	149650
13	A9102	699-101-48C	DECOMMISSIONED	13-Dec-94	STANDARD	GROUNDWATER		Schatz, A.L.	01-Dec-92	31-May-43	77	6.89	100-HR-3-D	119.506	575222.887	154411.007
14	B2430	699-41-61A	DECOMMISSIONED	29-Oct-94	STANDARD	VADOSE										
15	B2431	699-41-61B	DECOMMISSIONED	04-Nov-94	STANDARD	VADOSE										
16	B2432	699-41-61C	DECOMMISSIONED	08-Nov-94	STANDARD	VADOSE										
17	A8991	699-80-39B	DECOMMISSIONED	26-Sep-95	STANDARD	GROUNDWATER		Schatz, A.L.	01-Dec-92	28-Feb-44	53	53	100-FR-3	124.365	578418.39	147763.27
18	A8996	699-80-62	DECOMMISSIONED	09-May-95	STANDARD	GROUNDWATER		Schatz, A.L.	01-Dec-92			28.1	100-KR-4	135.169	570966.028	148433.996
19	B2475	699-83-36B	DECOMMISSIONED	26-Sep-95	STANDARD	VADOSE		D.E.	31-May-95				100-FR-3	128.5	578851	148895.1
20	B2472	699-83-36C	DECOMMISSIONED	21-Sep-95	STANDARD	UNKNOWN		D.E.	31-May-95				100-FR-3	129.5	578849.5	148896.7
21	B2473	699-83-36D	DECOMMISSIONED	21-Sep-95	STANDARD	UNKNOWN		D.E.	31-May-95				100-FR-3	129.7	578852.5	148893.3
22	B2474	699-83-36E	DECOMMISSIONED	21-Sep-95	STANDARD	UNKNOWN		D.E.	31-May-95				100-FR-3	129.6	578851	148897.6
23	A9033	699-84-61B	DECOMMISSIONED	26-Jul-95	STANDARD	GROUNDWATER		Schatz, A.L.	01-Dec-92	31-Dec-72	115	12.9	100-NR-2	144.495	571306.011	148989.535
24	A9096	699-98-54A	DECOMMISSIONED	01-Oct-94	STANDARD	GROUNDWATER		Schatz, A.L.	01-Dec-92						573425	153123
25	A9971	BH#1	DECOMMISSIONED	22-Jul-97	STANDARD	VADOSE										
26	A9972	BH#2	DECOMMISSIONED	22-Jul-97	STANDARD	UNKNOWN										
27	B2573	C-1-1	DECOMMISSIONED	22-Jul-97	STANDARD	VADOSE		Moak, D.	01-Aug-95							
28	B2582	C-1-10	DECOMMISSIONED	22-Jul-97	STANDARD	VADOSE		Moak, D.	01-Aug-95							
29	B2583	C-1-11	DECOMMISSIONED	22-Jul-97	STANDARD	VADOSE		Moak, D.	01-Aug-95							
30	B2584	C-1-12	DECOMMISSIONED	22-Jul-97	STANDARD	VADOSE		Moak, D.	01-Aug-95							
31	B2585	C-1-13	DECOMMISSIONED	22-Jul-97	STANDARD	VADOSE		Moak, D.	01-Aug-95							
32	B2586	C-1-14	DECOMMISSIONED	22-Jul-97	STANDARD	VADOSE		Moak, D.	01-Aug-95							
33	B2587	C-1-15	DECOMMISSIONED	22-Jul-97	STANDARD	VADOSE		Moak, D.	01-Aug-95							

**Administrative Decommissioning of wells from**  
**Summary Report of Hanford Site Well Remediation and Decommissioning Activities for Fiscal Year 1995 WHC-SD-EN-PRS-003, Rev. 0**

[illegible]



- Wells Administratively Decommissioned
- Buildings and Mobiles
- Highways
- Major Roads
- Railroads
- Waste Sites

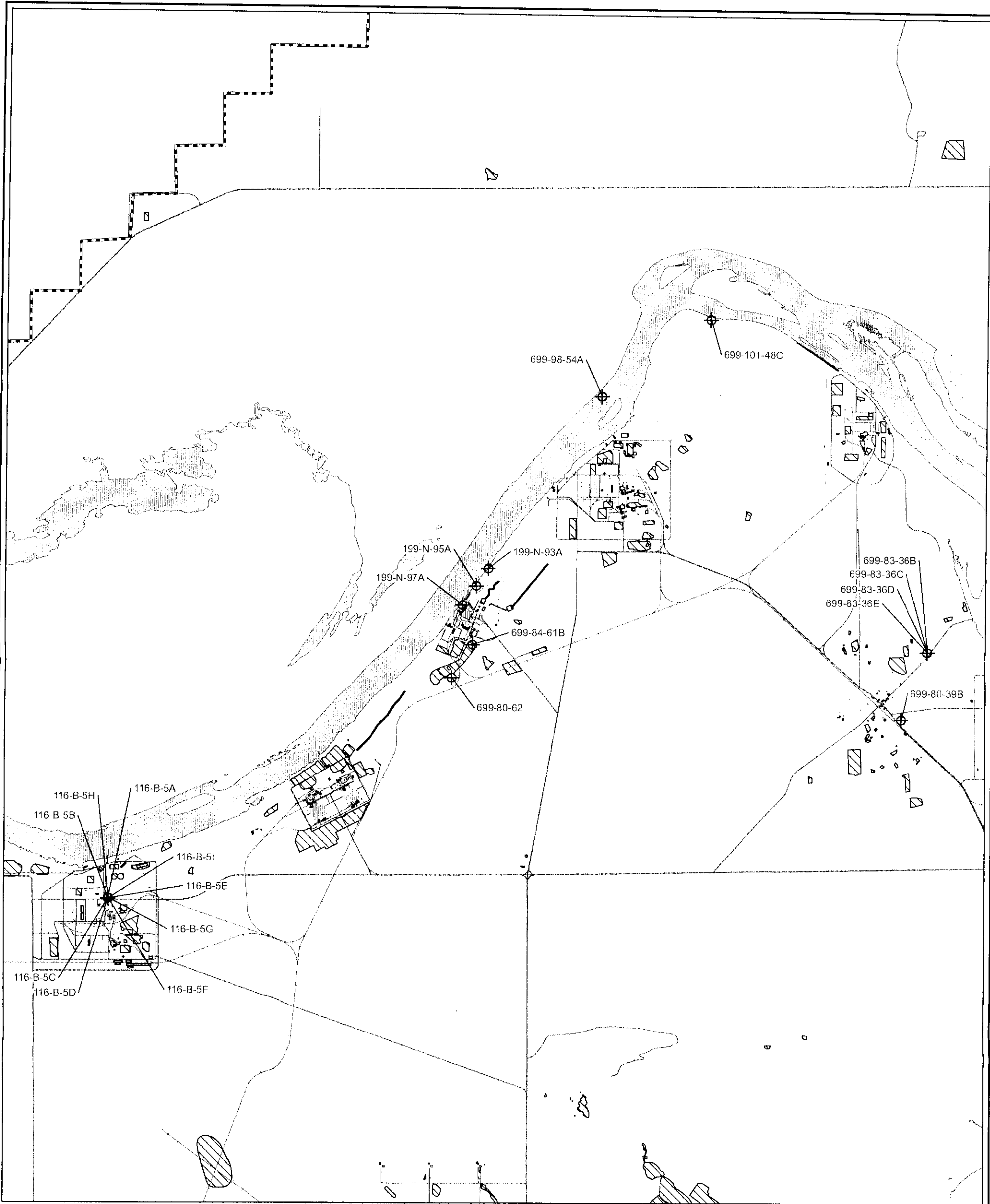
**Decommissioned from Appendix B  
WHC-SD-EN-PRS-003, Rev 0,  
Summary Report of Hanford Site Well  
Remediation and Decommissioning  
Activities for Fiscal Year 1995,  
Administrative Decommissioning Letter #18**



Prepared for:  
US DEPARTMENT OF ENERGY  
RICHLAND OPERATIONS OFFICE

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Projection: Lambert Conformal Conic  
Coordinate System: Washington State Plane, South, Meters  
Horizontal Datum: NAD83  
Vertical Datum: NAVD83



- Buildings and Mobiles
- Highways
- Major Roads
- Railroads
- Waste Sites
- Wells Administratively Decommissioned

**Decommissioned from**  
**Appendix B WHC-SD-EN-PRS-003, Rev 0,**  
**Summary Report of Hanford Site Well Remediation and**  
**Decommissioning Activities for Fiscal Year 1995,**  
**Administrative Decommissioning Letter #18**



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 Vertical Datum: NAVD83



**B2515 116-B-5A**

# WELL ATTRIBUTES REPORT

**WELL ORDER NO**  
**ELL ID** **B2515**  
**WELL NAME** **116-B-5A**  
**HOST WELL ID**

**CONST DATE**  
**CONST DEPTH**

**LAST INSPECTION** 1/1/1801  
**NORTHING** 144769  
**EASTING** 565287  
**ELEVATION**

LAST INSPECTION INFORMATION				CURRENT INSPECTION INFORMATION			
WELL PAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL PAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
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WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
COLLAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	COLLAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
SURFACE EROSION	<input type="checkbox"/> MAJOR	<input type="checkbox"/> NONE	<input checked="" type="checkbox"/> ND*	SURFACE EROSION	<input type="checkbox"/> MAJOR	<input type="checkbox"/> NONE	
	<input type="checkbox"/> MINOR	<input checked="" type="checkbox"/> ND*			<input type="checkbox"/> MINOR		
LAST PUMP INFORMATION				CURRENT PUMP INFORMATION			
PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED	<input type="checkbox"/> REPLACED	<input checked="" type="checkbox"/> ND*	PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED	<input type="checkbox"/> REPLACED	
	<input type="checkbox"/> REMOVED				<input type="checkbox"/> REMOVED		
PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
ACTIVITY PERFORMED BY	ND*			ACTIVITY PERFORMED BY			
DATE ACTIVITY PERFORMED				DATE ACTIVITY PERFORMED			
PUMP TYPE	ND*			PUMP TYPE			
PUMP MAKE	ND*			PUMP MAKE			
PUMP MODEL	ND*			PUMP MODEL			
PUMP INTAKE DEPTH (ft)				PUMP INTAKE DEPTH (ft)			
TUBING SIZE (in)				TUBING SIZE (in)			
TUBING MATERIAL	ND*			TUBING MATERIAL			
TUBING LENGTH (ft)				TUBING LENGTH (ft)			
TUBING CONNECTION	ND*			TUBING CONNECTION			

# WELL ATTRIBUTES REPORT

FIELD ORDER NO		LAST INSPECTION	1/1/1801
WELL ID	B2515	NORTHING	144769
WELL NAME	116-B-5A	EASTING	565287
HOST WELL ID		ELEVATION	
	CONST DATE		
	CONST DEPTH		

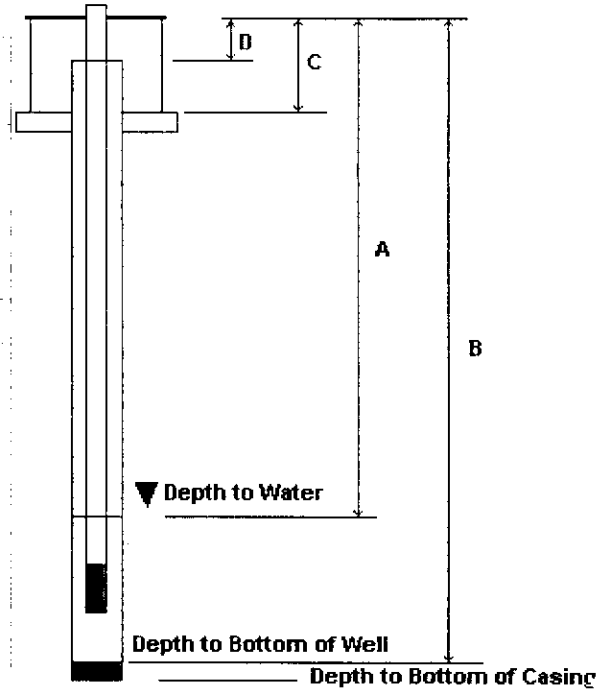
## MEASUREMENT INFORMATION

	LAST	CURRENT	
<b>A</b> DEPTH TO WATER(ft)			
DEPTH TO WATER DATE			
<b>B</b> DEPTH TO BOTTOM(ft)			
DEPTH TO BOTTOM DATE			
<b>C</b> STICK UP(ft)			
<b>D</b> REFERENCE MARK(ft)			
REFERENCE MARK IS TOC	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ND*	<input type="checkbox"/> YES <input type="checkbox"/> NO	

## PERFORATION INFORMATION

CASING SIZE	TOP	BOTTOM	CUTS/FT/ROUND
-------------	-----	--------	---------------

### CHANGES



**A** DEPTH TO WATER FROM TOP OF CASING  
**B** DEPTH TO BOTTOM OF WELL FROM TOP OF CASING  
**C** TOP OF CASING TO GROUND SURFACE/PAD  
**D** TOP OF CASING TO SURVEY REFERENCE MARKER

## CASING INFORMATION

SIZE	TOP	BOTTOM	MATERIAL	TYPE	CONNECTION	THICKNESS

### CHANGES

## SCREEN INFORMATION

SIZE	TOP	BOTTOM	MATERIAL	TYPE	SLOT SIZE

### CHANGES



116-B5 Crib , 100 BC Area

RE: Notice to Decommision # A32071

<u>Unique Well ID#</u>	<u>Depth (ft)</u>	<u>Date Abandoned</u>
B2515	15	6/27/95
B2516	15	6/27/95
B2517	7	6/27/95
B2518	15	6/27/95
B2519	15	6/28/95
B2520	15	6/28/95
B2521	15	6/27/95
B2522	15	6/27/95
B2523	15	6/28/95

B2524 thru B2534 - CANCELLED

L

Query HWIS again

**HWIS Interface - Well History Information - Decommissioning**

WELL_ID	WELL_NAME	DECOMMISSIONED_DATE	COMMENTS	SOURCE	DATE_OF_SOURCE
B2515	116-B-5A	06/27/1995	DECOMMISSIONED		

Query HWIS again

**HWIS Interface - Well History Information - Drilling**

WELL_ID	WELL_NAME	STATUS	STATUS_CHANGE_DATE	STATUS_CHANGE_COMMENT
B2515	116-B-5A	DECOMMISSIONED	06/27/1995	





# WELL ATTRIBUTES REPORT

WELL ORDER NO			LAST INSPECTION	1/1/1801
WELL ID	B2516		NORTHING	144762
WELL NAME	116-B-5B	CONST DATE	EASTING	565287
HOST WELL ID		CONST DEPTH	ELEVATION	

LAST INSPECTION INFORMATION				CURRENT INSPECTION INFORMATION			
WELL PAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL PAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
BENTONITE IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	BENTONITE IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
COLLAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	COLLAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
SURFACE EROSION	<input type="checkbox"/> MAJOR	<input type="checkbox"/> NONE	<input checked="" type="checkbox"/> MINOR	SURFACE EROSION	<input type="checkbox"/> MAJOR	<input type="checkbox"/> NONE	<input checked="" type="checkbox"/> MINOR
LAST PUMP INFORMATION				CURRENT PUMP INFORMATION			
PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED <input type="checkbox"/> REPLACED <input checked="" type="checkbox"/> ND* <input type="checkbox"/> REMOVED			PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED <input type="checkbox"/> REPLACED <input type="checkbox"/> REMOVED		
PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
ACTIVITY PERFORMED BY	ND*			ACTIVITY PERFORMED BY			
DATE ACTIVITY PERFORMED				DATE ACTIVITY PERFORMED			
PUMP TYPE	ND*			PUMP TYPE			
PUMP MAKE	ND*			PUMP MAKE			
PUMP MODEL	ND*			PUMP MODEL			
PUMP INTAKE DEPTH (ft)				PUMP INTAKE DEPTH (ft)			
TUBING SIZE (in)				TUBING SIZE (in)			
TUBING MATERIAL	ND*			TUBING MATERIAL			
TUBING LENGTH (ft)				TUBING LENGTH (ft)			
TUBING CONNECTION	ND*			TUBING CONNECTION			

ND\* - Not Documented

6/15/2005

# WELL ATTRIBUTES REPORT

FIELD ORDER NO			LAST INSPECTION	1/1/1801
WELL ID	B2516		NORTHING	144762
WELL NAME	116-B-5B	CONST DATE	EASTING	565287
HOST WELL ID		CONST DEPTH	ELEVATION	

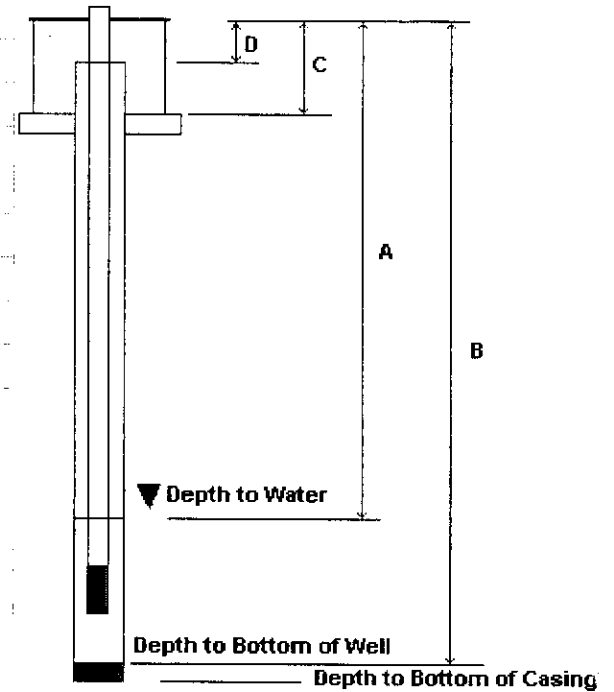
## MEASUREMENT INFORMATION

	LAST	CURRENT
<b>A</b> DEPTH TO WATER(ft)		
DEPTH TO WATER DATE		
<b>B</b> DEPTH TO BOTTOM(ft)		
DEPTH TO BOTTOM DATE		
<b>C</b> STICK UP(ft)		
<b>D</b> REFERENCE MARK(ft)		
REFERENCE MARK IS TOC	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ND*	YES <input type="checkbox"/> NO <input type="checkbox"/>

## PERFORATION INFORMATION

CASING SIZE	TOP	BOTTOM	CUTS/FT/ROUND
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## CHANGES



**A** DEPTH TO WATER FROM TOP OF CASING  
**B** DEPTH TO BOTTOM OF WELL FROM TOP OF CASING  
**C** TOP OF CASING TO GROUND SURFACE/PAD  
**D** TOP OF CASING TO SURVEY REFERENCE MARKER

## CASING INFORMATION

SIZE	TOP	BOTTOM	MATERIAL	TYPE	CONNECTION	THICKNESS

## CHANGES

## SCREEN INFORMATION

SIZE	TOP	BOTTOM	MATERIAL	TYPE	SLOT SIZE

## CHANGES

0 0.05 0.1 0.15 0.2 0.25 0.3 0.35 0.4 0.45 0.5 0.55 0.6 0.65 0.7 0.75 0.8 0.85 0.9 0.95 1.0

Query HWIS again

**HWIS Interface - Well History Information - Decommissioning**

WELL_ID	WELL_NAME	DECOMMISSIONED_DATE	COMMENTS	SOURCE	DATE_OF_SOURCE
B2516	116-B-5B	06/27/1995	DECOMMISSIONED		

B2517 116-B-5C

# WELL ATTRIBUTES REPORT

WELL ORDER NO			LAST INSPECTION	1/1/1801
WELL ID	B2517		NORTHING	144754
WELL NAME	116-B-5C	CONST DATE	EASTING	565287
HOST WELL ID		CONST DEPTH	ELEVATION	

LAST INSPECTION INFORMATION				CURRENT INSPECTION INFORMATION			
WELL PAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL PAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
BENTONITE IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	BENTONITE IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
COLLAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	COLLAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
SURFACE EROSION	<input type="checkbox"/> MAJOR <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input checked="" type="checkbox"/> ND*			SURFACE EROSION	<input type="checkbox"/> MAJOR <input type="checkbox"/> NONE <input type="checkbox"/> MINOR		

LAST PUMP INFORMATION				CURRENT PUMP INFORMATION			
PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED	<input type="checkbox"/> REPLACED	<input checked="" type="checkbox"/> ND*	PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED	<input type="checkbox"/> REPLACED	<input type="checkbox"/> REMOVED
PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
ACTIVITY PERFORMED BY	ND*			ACTIVITY PERFORMED BY			
DATE ACTIVITY PERFORMED				DATE ACTIVITY PERFORMED			
PUMP TYPE	ND*			PUMP TYPE			
PUMP MAKE	ND*			PUMP MAKE			
PUMP MODEL	ND*			PUMP MODEL			
PUMP INTAKE DEPTH (ft)				PUMP INTAKE DEPTH (ft)			
TUBING SIZE (in)				TUBING SIZE (in)			
TUBING MATERIAL	ND*			TUBING MATERIAL			
TUBING LENGTH (ft)				TUBING LENGTH (ft)			
TUBING CONNECTION	ND*			TUBING CONNECTION			

ND\* - Not Documented

6/15/2005

# WELL ATTRIBUTES REPORT

FIELD ORDER NO			LAST INSPECTION	1/1/1801
WELL ID	B2517		NORTHING	144754
WELL NAME	116-B-5C	CONST DATE	EASTING	565287
HOST WELL ID		CONST DEPTH	ELEVATION	

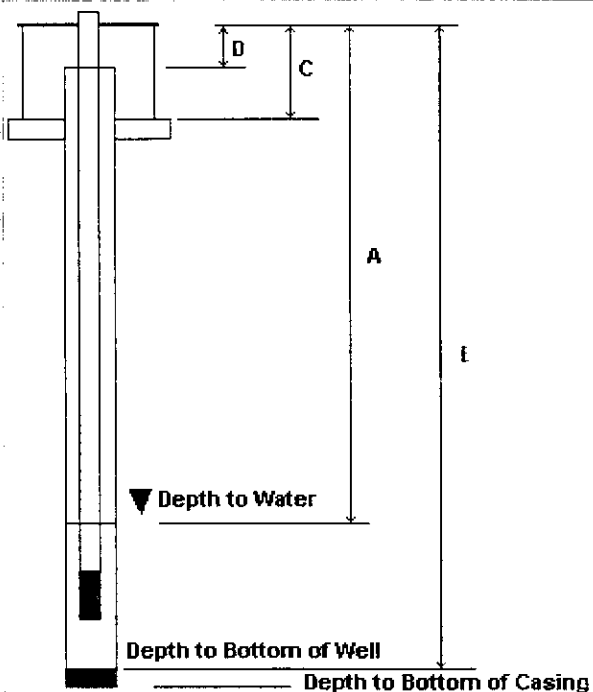
## MEASUREMENT INFORMATION

	LAST	CURRENT
<b>A</b> DEPTH TO WATER(ft)		
DEPTH TO WATER DATE		
<b>B</b> DEPTH TO BOTTOM(ft)		
DEPTH TO BOTTOM DATE		
<b>C</b> STICK UP(ft)		
<b>D</b> REFERENCE MARK(ft)		
REFERENCE MARK IS TOC	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ND*	<input type="checkbox"/> YES <input type="checkbox"/> NO

## PERFORATION INFORMATION

CASING SIZE	TOP	BOTTOM	CUTS/FT/ROUND

### CHANGES



- A DEPTH TO WATER FROM TOP OF CASING
- B DEPTH TO BOTTOM OF WELL FROM TOP OF CASING
- C TOP OF CASING TO GROUND SURFACE/PAD
- D TOP OF CASING TO SURVEY REFERENCE MARKER

## CASING INFORMATION

SIZE	TOP	BOTTOM	MATERIAL	TYPE	CONNECTION	THICKNESS

### CHANGES

## SCREEN INFORMATION

SIZE	TOP	BOTTOM	MATERIAL	TYPE	SLOT SIZE

### CHANGES

Query HWIS again

**HWIS Interface - Well History Information - Decommissioning**

WELL_ID	WELL_NAME	DECOMMISSIONED_DATE	COMMENTS	SOURCE	DATE_OF_SOURCE
B2517	116-B-5C	06/27/1995	DECOMMISSIONED		



File Original and First Copy with  
Department of Ecology  
Second Copy — Owner's Copy  
Third Copy — Driller's Copy

# WATER WELL REPORT

STATE OF WASHINGTON

Start Card No. A32071

UNIQUE WELL LD. # note attached

Water Right Permit No. N/A

1) OWNER: Name Dept. of Energy Address Richland, Wash

(2) LOCATION OF WELL: County Benton NE <sup>1/4</sup> SE <sup>1/4</sup> Sec 11 T. 13 N. R. 25 E. W. 4

(2a) STREET ADDRESS OF WELL (or nearest address) 100 B Area, Hanford Site (116B-5 Crib)

(3) PROPOSED USE: ☐ Domestic ☐ Industrial ☐ Municipal ☐  
☐ Irrigation ☐ Test Well ☐ Other ☒ Drinking Water  
☐ DeWater

## (10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each chance of information.

(4) TYPE OF WORK: Owner's number of well (if more than one)

Abandoned <input checked="" type="checkbox"/>	New well <input type="checkbox"/>	Method: Dug <input type="checkbox"/>	Bored <input type="checkbox"/>
	Deepened <input type="checkbox"/>	Cable <input type="checkbox"/>	Driven <input type="checkbox"/>
	Reconditioned <input type="checkbox"/>	Rotary <input type="checkbox"/>	Jetted <input type="checkbox"/>

(5) **DIMENSIONS:** Diameter of well \_\_\_\_\_ inches.  
 Drilled \_\_\_\_\_ feet. Depth of completed well \_\_\_\_\_ ft.

(6) CONSTRUCTION DETAILS:

Casing installed:	<input type="checkbox"/>	Diam. from _____ ft. to _____ ft.
Welded	<input type="checkbox"/>	Diam. from _____ ft. to _____ ft.
Unseal installed	<input type="checkbox"/>	
Threaded	<input type="checkbox"/>	Diam. from _____ ft. to _____ ft.

Performers: Yes ☐ No ☐

Type of performer used \_\_\_\_\_

SIZE of performance \_\_\_\_\_ in. by \_\_\_\_\_ in.

\_\_\_\_\_ performances from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

\_\_\_\_\_ performances from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

\_\_\_\_\_ performances from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Screens: Yes ☐ No ☐

Manufacturer's Name \_\_\_\_\_

Type \_\_\_\_\_ Model No. \_\_\_\_\_

Diam. \_\_\_\_\_ Slot size \_\_\_\_\_ from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Diam. \_\_\_\_\_ Slot size \_\_\_\_\_ from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Gravel packed: Yes ☐ No ☐ Size of gravel \_\_\_\_\_  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Surface seal: Yes ☐ No ☐ To what depth? \_\_\_\_\_ ft.  
Material used in seal \_\_\_\_\_  
Did any strata contain unusable water? Yes ☐ No ☐  
Type of water? \_\_\_\_\_ Depth of strata \_\_\_\_\_  
Method of sealing strata off \_\_\_\_\_

(7) PUMP: Manufacturer's Name \_\_\_\_\_  
Type: \_\_\_\_\_ H.P.

(8) **WATER LEVELS:** (Land-surface elevation above mean sea level) \_\_\_\_\_ ft.

Static level \_\_\_\_\_ ft. below top of well Date \_\_\_\_\_

Artesian pressure \_\_\_\_\_ PSI. per square inch Date \_\_\_\_\_

Artesian water is controlled by \_\_\_\_\_ (Cable release etc.)

(9) **WELL TESTS:** Drawdown is amount water level is lowered below static level  
Was a pump test made? Yes ☐ No ☐ If yes, by whom? \_\_\_\_\_  
Yield: \_\_\_\_\_ gal./min. with \_\_\_\_\_ ft. drawdown after \_\_\_\_\_ hrs.

34	35	36	37
38	39	40	41

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time	Water Level	Time	Water Level	Time	Water Level
------	-------------	------	-------------	------	-------------

\_\_\_\_\_

\_\_\_\_\_

Date of test \_\_\_\_\_

Boiler test \_\_\_\_\_ gal./min. with \_\_\_\_\_ ft. drawdown after \_\_\_\_\_ hrs.  
 Airflow \_\_\_\_\_ gal./min. with steam max at \_\_\_\_\_ ft. for \_\_\_\_\_ hrs.

Artesian flow \_\_\_\_\_ g.p.m. Date \_\_\_\_\_  
Temperature of water \_\_\_\_\_ Was a chemical analysis made? Yes ☐ No ☒

MATERIAL	FROM	TO
The attached - has + precise information on holes installed and immediately abandoned at the 106 PC Bldg, 116 E-5 Crib. All holes were 4 3/4 diameter and back filled with bentonite emulsion as the casing was removed. Unique well ID numbers not used are also noted.		

Work Started 6/27/95 19 95 Completed 6/28 19 95

**WELL CONSTRUCTOR CERTIFICATION:**

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME Water Development Hartford

Address P.O. Box 4194, West Richland

(Signed) [Signature] License No. 2273

Contractor's  
Registration  
No. 601-546-086 Date Sept. 20 1994

(USE ADDITIONAL SHEETS IF NECESSARY)

Ecology is an Equal Opportunity and Affirmative Action employer. For special accommodation needs, contact the Water Resources Program at (206) 407-8600. The TDD number is (206) 407-6006.



# WELL ATTRIBUTES REPORT

<b>WELL ORDER NO</b>		<b>LAST INSPECTION</b>	1/1/1801
<b>WELL ID</b>	B2518	<b>NORTHING</b>	144754
<b>WELL NAME</b>	116-B-5D	<b>EASTING</b>	565288
<b>HOST WELL ID</b>		<b>ELEVATION</b>	
	<b>CONST DATE</b>		
	<b>CONST DEPTH</b>		

LAST INSPECTION INFORMATION				CURRENT INSPECTION INFORMATION			
WELL PAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL PAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
BENTONITE IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	BENTONITE IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
COLLAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	COLLAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
SURFACE EROSION	<input type="checkbox"/> MAJOR	<input type="checkbox"/> NONE	<input checked="" type="checkbox"/> MINOR	SURFACE EROSION	<input type="checkbox"/> MAJOR	<input type="checkbox"/> NONE	<input checked="" type="checkbox"/> MINOR

LAST PUMP INFORMATION				CURRENT PUMP INFORMATION			
PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED	<input type="checkbox"/> REPLACED	<input checked="" type="checkbox"/> REMOVED	PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED	<input type="checkbox"/> REPLACED	<input type="checkbox"/> REMOVED
PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
ACTIVITY PERFORMED BY	ND*			ACTIVITY PERFORMED BY			
DATE ACTIVITY PERFORMED				DATE ACTIVITY PERFORMED			
PUMP TYPE	ND*			PUMP TYPE			
PUMP MAKE	ND*			PUMP MAKE			
PUMP MODEL	ND*			PUMP MODEL			
PUMP INTAKE DEPTH (ft)				PUMP INTAKE DEPTH (ft)			
TUBING SIZE (in)				TUBING SIZE (in)			
TUBING MATERIAL	ND*			TUBING MATERIAL			
TUBING LENGTH (ft)				TUBING LENGTH (ft)			
TUBING CONNECTION	ND*			TUBING CONNECTION			

ND\* - Not Documented

6/15/2005

# WELL ATTRIBUTES REPORT

FIELD ORDER NO			LAST INSPECTION	1/1/1801
WELL ID	B2518		NORTHING	144754
WELL NAME	116-B-5D	CONST DATE	EASTING	565288
HOST WELL ID		CONST DEPTH	ELEVATION	

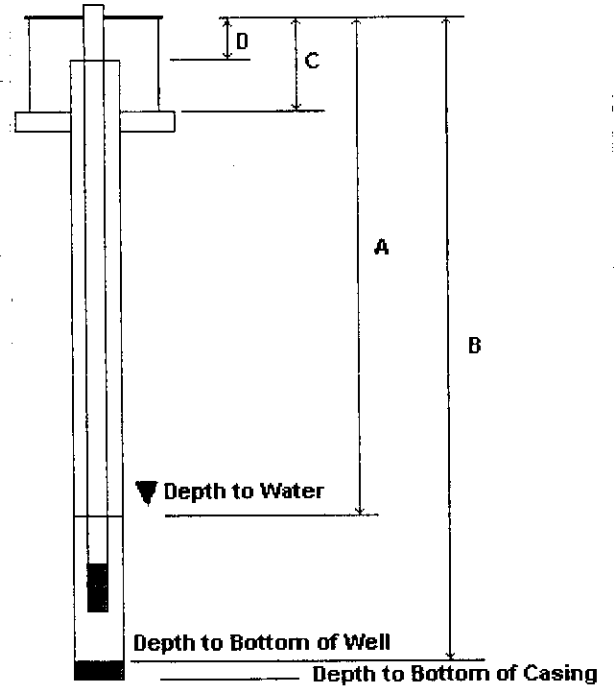
## MEASUREMENT INFORMATION

	LAST	CURRENT
<b>A</b> DEPTH TO WATER(ft)		
DEPTH TO WATER DATE		
<b>B</b> DEPTH TO BOTTOM(ft)		
DEPTH TO BOTTOM DATE		
<b>C</b> STICK UP(ft)		
<b>D</b> REFERENCE MARK(ft)		
REFERENCE MARK IS TOC	YES NO <input checked="" type="checkbox"/> ND*	YES NO

## PERFORATION INFORMATION

CASING SIZE	TOP	BOTTOM	CUTS/FT/ROUND
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### CHANGES



A DEPTH TO WATER FROM TOP OF CASING  
 B DEPTH TO BOTTOM OF WELL FROM TOP OF CASING  
 C TOP OF CASING TO GROUND SURFACE/PAD  
 D TOP OF CASING TO SURVEY REFERENCE MARKER

## CASING INFORMATION

SIZE	TOP	BOTTOM	MATERIAL	TYPE	CONNECTION	THICKNESS
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### CHANGES

## SCREEN INFORMATION

SIZE	TOP	BOTTOM	MATERIAL	TYPE	SLOT SIZE
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### CHANGES

Query HWIS again

**HWIS Interface - Well History Information - Decommissioning**

WELL_ID	WELL_NAME	DECOMMISSIONED_DATE	COMMENTS	SOURCE	DATE_OF_SOURCE
B2518	116-B-5D	06/27/1995	DECOMMISSIONED		

File Original and First Copy with  
Department of Ecology  
Second Copy — Owner's Copy  
Third Copy — Driller's Copy

# WATER WELL REPORT

STATE OF WASHINGTON

Start Card No. **A32071**

UNIQUE WELL ID. # *note attached*

Water Right Permit No. N/A

(1) OWNER: Name Dept. of Energy Address Richland, Wash

(2) LOCATION OF WELL: County Benton NE 1/4 SE 1/4 Sec 11 T. 13 N. R. 25 E. W.M.

(2a) STREET ADDRESS OF WELL (or nearest address) 100 B Ave., Hanford Site (116B-5 Crib)

(3) PROPOSED USE: ☐ Domestic ☐ Industrial ☐ Municipal ☐  
☐ Irrigation ☐ Test Well ☐ Other ☒ Drinking Water  
☐ DeWater

(4) TYPE OF WORK: Owner's number of well (if more than one)

Abandoned <input checked="" type="checkbox"/>	New well <input type="checkbox"/>	Method: Dug <input type="checkbox"/>	Bored <input type="checkbox"/>
	Deepened <input type="checkbox"/>	Cable <input type="checkbox"/>	Driven <input type="checkbox"/>
	Reconditioned <input type="checkbox"/>	Rotary <input type="checkbox"/>	Jetted <input type="checkbox"/>

(5) DIMENSIONS: Diameter of well \_\_\_\_\_ inches.  
Drilled \_\_\_\_\_ feet. Depth of completed well \_\_\_\_\_ ft.

(6) CONSTRUCTION DETAILS:

Casing installed:	_____	Diam. from _____ ft. to _____ ft.
Welded	_____	Diam. from _____ ft. to _____ ft.
liner installed	_____	Diam. from _____ ft. to _____ ft.
Threaded	_____	Diam. from _____ ft. to _____ ft.

Performers: Yes ☐ No ☐

Type of performer used \_\_\_\_\_

SIZE of performers \_\_\_\_\_ in. by \_\_\_\_\_ in.

\_\_\_\_\_ performers from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

\_\_\_\_\_ performers from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

\_\_\_\_\_ performers from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Screens: Yes ☐ No ☐

Manufacturer's Name \_\_\_\_\_

Type \_\_\_\_\_ Model No. \_\_\_\_\_

Diam. \_\_\_\_\_ Slot size \_\_\_\_\_ from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Diam. \_\_\_\_\_ Slot size \_\_\_\_\_ from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Gravel packed: Yes ☐ No ☐ Size of gravel \_\_\_\_\_  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Surface seal: Yes ☐ No ☒ To what depth? \_\_\_\_\_ ft.  
Material used in seal \_\_\_\_\_  
Did any strata contain unusable water? Yes ☐ No ☒  
Type of water? \_\_\_\_\_ Depth of strata \_\_\_\_\_  
Method of sealing strata off \_\_\_\_\_

(7) PUMP: Manufacturer's Name \_\_\_\_\_  
Type: \_\_\_\_\_ H.P. \_\_\_\_\_

(B) **WATER LEVELS:** Land-surface elevation above mean sea level \_\_\_\_\_ ft.

Static level \_\_\_\_\_ ft. below top of well Date \_\_\_\_\_

Artesian pressure \_\_\_\_\_ lbs. per square inch Date \_\_\_\_\_

Artesian water is composed by \_\_\_\_\_ (V. Gas, water, etc.)

(9) **WELL TESTS:** Drawdown is amount water level is lowered below static level  
Was a pump test made? Yes ☐ No ☐ If yes, by whom? \_\_\_\_\_  
Yield \_\_\_\_\_ gal./min. with \_\_\_\_\_ ft. drawdown after \_\_\_\_\_ hrs.

[illegible]

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of test \_\_\_\_\_

Bailey test \_\_\_\_\_ gal./min. with \_\_\_\_\_ ft. groundwater after \_\_\_\_\_ hrs.

Airflow \_\_\_\_\_ gal./min. with storm set at \_\_\_\_\_ ft. for \_\_\_\_\_ hrs.

Artesian flow \_\_\_\_\_ g.p.m. Date \_\_\_\_\_

Temperature of water \_\_\_\_\_ Was a chemical analysis made? Yes ☐ No ☐

## (10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

**Formation:** Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information.

MATERIAL	FROM	TO
<p>The attached sheet provides information on holes installed and immediately abandoned at the 100 PC Bore, 116 B-5 (116). All holes were 4 3/4" diameter and back filled with bentonite slushes as the casing was removed. Unique well ID numbers must be used as also noted.</p>		

Work Started 6/27/95, 19. Completed 6/28, 1995

**WELL CONSTRUCTOR CERTIFICATION:**

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME Water Development Hartford

Address P.O. Box 4194, West Richland

(Signed) [Signature] License No. 2273

Contractor's  
Registration  
No. 601-546-086 Date Sept. 20 1994

(USE ADDITIONAL SHEETS IF NECESSARY)

Ecology is an Equal Opportunity and Affirmative Action employer. For special accommodation needs, contact the Water Resources Program at (206) 407-8600. The TDD number is (206) 407-6006.

B2519 116-B-5E

# WELL ATTRIBUTES REPORT

WELL ORDER NO			LAST INSPECTION	1/1/1801
ELL ID	B2519		NORTHING	144754
WELL NAME	116-B-5E	CONST DATE	EASTING	565291
HOST WELL ID		CONST DEPTH	ELEVATION	

LAST INSPECTION INFORMATION				CURRENT INSPECTION INFORMATION			
WELL PAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL PAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
BENTONITE IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	BENTONITE IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
COLLAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	COLLAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
SURFACE EROSION	<input type="checkbox"/> MAJOR	<input type="checkbox"/> NONE	<input checked="" type="checkbox"/> ND*	SURFACE EROSION	<input type="checkbox"/> MAJOR	<input type="checkbox"/> NONE	
	<input type="checkbox"/> MINOR	<input checked="" type="checkbox"/> ND*			<input type="checkbox"/> MINOR	<input checked="" type="checkbox"/> ND*	

LAST PUMP INFORMATION				CURRENT PUMP INFORMATION			
PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED	<input type="checkbox"/> REPLACED	<input checked="" type="checkbox"/> ND*	PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED	<input type="checkbox"/> REPLACED	
	<input type="checkbox"/> REMOVED				<input type="checkbox"/> REMOVED		
PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
ACTIVITY PERFORMED BY	ND*			ACTIVITY PERFORMED BY			
DATE ACTIVITY PERFORMED				DATE ACTIVITY PERFORMED			
PUMP TYPE	ND*			PUMP TYPE			
PUMP MAKE	ND*			PUMP MAKE			
PUMP MODEL	ND*			PUMP MODEL			
PUMP INTAKE DEPTH (ft)				PUMP INTAKE DEPTH (ft)			
TUBING SIZE (in)				TUBING SIZE (in)			
TUBING MATERIAL	ND*			TUBING MATERIAL			
TUBING LENGTH (ft)				TUBING LENGTH (ft)			
TUBING CONNECTION	ND*			TUBING CONNECTION			



# WELL ATTRIBUTES REPORT

FIELD ORDER NO			LAST INSPECTION	1/1/1801
WELL ID	B2519		NORTHING	144754
WELL NAME	116-B-5E	CONST DATE	EASTING	565291
HOST WELL ID		CONST DEPTH	ELEVATION	

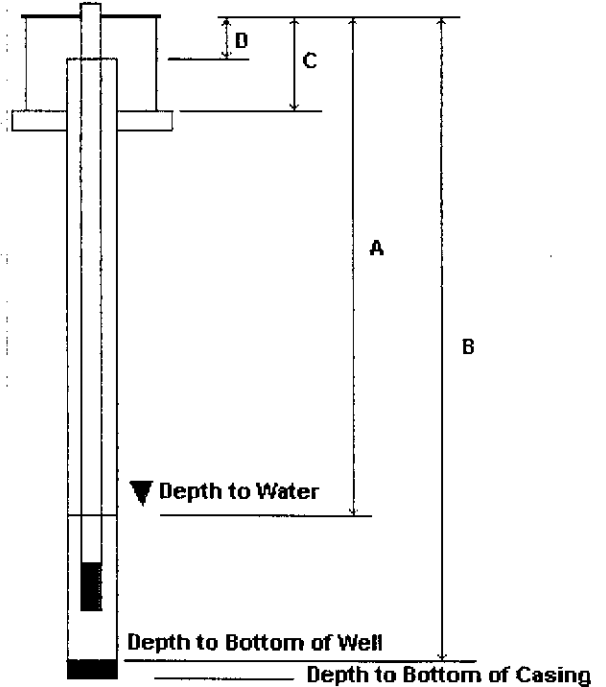
## MEASUREMENT INFORMATION

	LAST	CURRENT
<b>A</b> DEPTH TO WATER(ft)		
DEPTH TO WATER DATE		
<b>B</b> DEPTH TO BOTTOM(ft)		
DEPTH TO BOTTOM DATE		
<b>C</b> STICK UP(ft)		
<b>D</b> REFERENCE MARK(ft)		
REFERENCE MARK IS TOC	YES NO <input checked="" type="checkbox"/> ND*	YES NO

## PERFORATION INFORMATION

CASING SIZE	TOP	BOTTOM	CUTS/FT/ROUND

### CHANGES



- A DEPTH TO WATER FROM TOP OF CASING
- B DEPTH TO BOTTOM OF WELL FROM TOP OF CASING
- C TOP OF CASING TO GROUND SURFACE/PAD
- D TOP OF CASING TO SURVEY REFERENCE MARKER

## CASING INFORMATION

SIZE	TOP	BOTTOM	MATERIAL	TYPE	CONNECTION	THICKNESS

### CHANGES

## SCREEN INFORMATION

SIZE	TOP	BOTTOM	MATERIAL	TYPE	SLOT SIZE

### CHANGES

Query HWIS again

**HWIS Interface - Well History Information - Decommissioning**

WELL_ID	WELL_NAME	DECOMMISSIONED_DATE	COMMENTS	SOURCE	DATE_OF_SOURCE
B2519	116-B-5E	06/28/1995	DECOMMISSIONED		

File Original and First Copy with  
Department of Ecology  
Second Copy — Owner's Copy  
Third Copy — Driller's Copy

# WATER WELL REPORT

STATE OF WASHINGTON

Start Card No. A32071

UNIQUE WELL ID.: note attached

**Winter Photo Portfolio**

N/A

OWNER: Name Dept. of Energy

Address Richland, Wash

(2) LOCATION OF WELL: County Benton

NE 1/4 SE 1/4 Sec 11 T. 13 N. R. 25 E. W.M.

(2a) STREET ADDRESS OF WELL (or nearest address)

100 B area, Hanford Site (116B-5 Crib)

(3) PROPOSED USE: ☐ Domestic ☐ Industrial ☐ Municipal ☐  
☐ Irrigation ☐ Test Well ☐ Other ☒ Test Well  
☐ DeWater

## (10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information.

(4) TYPE OF WORK: Owner's number of well (if more than one) \_\_\_\_\_

Abandoned <input checked="" type="checkbox"/>	New well <input type="checkbox"/>	Method: Dug <input type="checkbox"/>	Bored <input type="checkbox"/>
	Deepened <input type="checkbox"/>	Cable <input type="checkbox"/>	Driven <input type="checkbox"/>
	Reconditioned <input type="checkbox"/>	Rotary <input type="checkbox"/>	Jetted <input type="checkbox"/>

MATERIAL	FROM	TO
----------	------	----

The attached - best possible  
information on valves installed  
and immediately abandoned  
at the 100 PC B-2,  
116 B-5 (i.e. All holes  
were 43/4 diameter and  
back filled with bentonite  
cushions as the casing  
was spooled. Unique  
well ID numbers not  
used are also noted.

(3) **DIMENSIONS:** Diameter of well \_\_\_\_\_ inches  
 Drilled \_\_\_\_\_ feet. Depth of completed well \_\_\_\_\_ ft.

(6) CONSTRUCTION DETAILS:

Casing Installed:	<input type="checkbox"/>	Diam. from _____ ft. to _____ ft.
Welded	<input type="checkbox"/>	Diam. from _____ ft. to _____ ft.
Lines Installed	<input type="checkbox"/>	
Threaded	<input type="checkbox"/>	Diam. from _____ ft. to _____ ft.

Performances: Yes ☐ No ☐

Type of performer used \_\_\_\_\_

SIZE of performances \_\_\_\_\_ in. by \_\_\_\_\_ in.

\_\_\_\_\_ performances from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

\_\_\_\_\_ performances from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

\_\_\_\_\_ performances from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Screens: Yes ☐ No ☐

Manufacturer's Name \_\_\_\_\_

Type \_\_\_\_\_ Model No. \_\_\_\_\_

Diam. \_\_\_\_\_ Slot size \_\_\_\_\_ from \_\_\_\_\_ R. to \_\_\_\_\_ R. \_\_\_\_\_

Diam. \_\_\_\_\_ Slot size \_\_\_\_\_ from \_\_\_\_\_ R. to \_\_\_\_\_ R. \_\_\_\_\_

Gravel packed: Yes ☐ No ☐ Size of gravel \_\_\_\_\_  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Surface seal: Yes ☐ No ☐ To what depth? \_\_\_\_\_ ft.  
Material used in seal \_\_\_\_\_  
Did any strata contain unusable water? Yes ☐ No ☐  
Type of water? \_\_\_\_\_ Depth of strata \_\_\_\_\_  
Method of sealing strata off \_\_\_\_\_

(7) PUMP: Manufacturer's Name \_\_\_\_\_ H.P. \_\_\_\_\_  
Type: \_\_\_\_\_

(B) **WATER LEVELS:** Land-surface elevation above mean sea level \_\_\_\_\_ ft.

Static level \_\_\_\_\_ ft. below top of well Date \_\_\_\_\_

Artesian pressure \_\_\_\_\_ lbs. per square inch Date \_\_\_\_\_

Artesian water is controlled by \_\_\_\_\_ (Case, valve, etc.)

(2) **WELL TESTS:** Drawdown is amount water level is lowered below static level  
Was a pump test made? Yes ☐ No ☐ If yes, by whom? \_\_\_\_\_  
Yield: \_\_\_\_\_ gal./min. with \_\_\_\_\_ ft. drawdown after \_\_\_\_\_ hrs.

Time	Water Level	Time	Water Level	Time	Water Level
Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)					

\_\_\_\_\_

Date of test \_\_\_\_\_

Baker test \_\_\_\_\_ gal./min. with \_\_\_\_\_ R. drawdown after \_\_\_\_\_ hrs.

Inject \_\_\_\_\_ gal./min. with steam set at \_\_\_\_\_ R. for \_\_\_\_\_ hrs.

Artesian flow \_\_\_\_\_ g.p.m. Date \_\_\_\_\_

Temperature of water \_\_\_\_\_ Was a chemical aneurysm made? Yes ☐ No ☐

Work Started 6/27/45, 1945, Completed 6/28, 1945

**WELL CONSTRUCTOR CERTIFICATION:**

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME Water Development Hartford  
(PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)

Address P.O. Box 4194, West Richland

(Signed) [Signature] License No. 2273

Contractor's  
Registration  
No. 601-546-086 Date Sept. 20, 1994

(USE ADDITIONAL SHEETS IF NECESSARY)

Ecology is an Equal Opportunity and Affirmative Action employer. For special accommodation needs, contact the Water Resources Program at (206) 407-6600. The TDD number is (206) 407-6006.



# WELL ATTRIBUTES REPORT

WELD ORDER NO			LAST INSPECTION	1/1/1801
WELL ID	B2520		NORTHING	144754
WELL NAME	116-B-5F	CONST DATE	EASTING	565293
HOST WELL ID		CONST DEPTH	ELEVATION	

LAST INSPECTION INFORMATION				CURRENT INSPECTION INFORMATION			
WELL PAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL PAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
BENTONITE IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	BENTONITE IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
COLLAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	COLLAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
SURFACE EROSION	<input type="checkbox"/> MAJOR	<input type="checkbox"/> NONE	<input checked="" type="checkbox"/> ND*	SURFACE EROSION	<input type="checkbox"/> MAJOR	<input type="checkbox"/> NONE	
	<input type="checkbox"/> MINOR	<input checked="" type="checkbox"/> ND*			<input type="checkbox"/> MINOR		
LAST PUMP INFORMATION				CURRENT PUMP INFORMATION			
PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED	<input type="checkbox"/> REPLACED	<input checked="" type="checkbox"/> ND*	PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED	<input type="checkbox"/> REPLACED	
	<input type="checkbox"/> REMOVED				<input type="checkbox"/> REMOVED		
PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
ACTIVITY PERFORMED BY	ND*			ACTIVITY PERFORMED BY			
DATE ACTIVITY PERFORMED				DATE ACTIVITY PERFORMED			
PUMP TYPE	ND*			PUMP TYPE			
PUMP MAKE	ND*			PUMP MAKE			
PUMP MODEL	ND*			PUMP MODEL			
PUMP INTAKE DEPTH (ft)				PUMP INTAKE DEPTH (ft)			
TUBING SIZE (in)				TUBING SIZE (in)			
TUBING MATERIAL	ND*			TUBING MATERIAL			
TUBING LENGTH (ft)				TUBING LENGTH (ft)			
TUBING CONNECTION	ND*			TUBING CONNECTION			

ND\* - Not Documented

6/15/2005

# WELL ATTRIBUTES REPORT

FIELD ORDER NO			LAST INSPECTION	1/1/1801
WELL ID	B2520		NORTHING	144754
WELL NAME	116-B-5F	CONST DATE	EASTING	565293
HOST WELL ID		CONST DEPTH	ELEVATION	

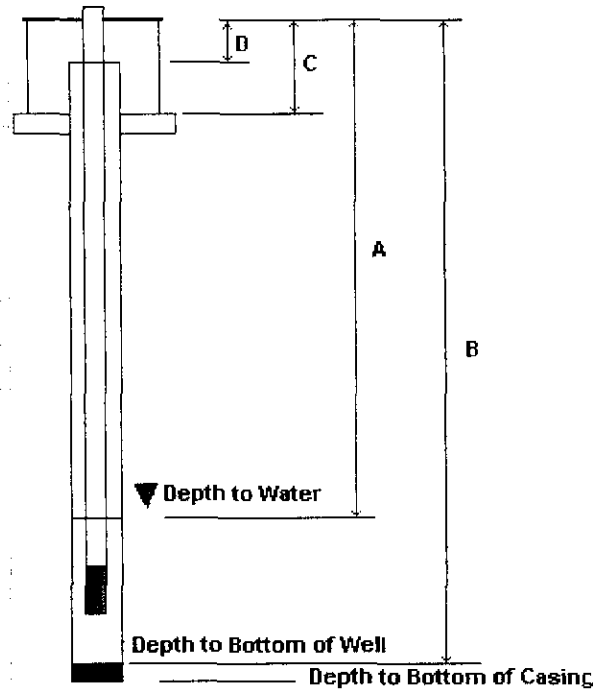
## MEASUREMENT INFORMATION

	LAST	CURRENT
<b>A</b> DEPTH TO WATER(ft)		
DEPTH TO WATER DATE		
<b>B</b> DEPTH TO BOTTOM(ft)		
DEPTH TO BOTTOM DATE		
<b>C</b> STICK UP(ft)		
<b>D</b> REFERENCE MARK(ft)		
REFERENCE MARK IS TOC	YES NO <input checked="" type="checkbox"/> ND*	YES NO

## PERFORATION INFORMATION

CASING SIZE	TOP	BOTTOM	CUTS/FT/ROUND

## CHANGES



A DEPTH TO WATER FROM TOP OF CASING  
 B DEPTH TO BOTTOM OF WELL FROM TOP OF CASING  
 C TOP OF CASING TO GROUND SURFACE/PAD  
 D TOP OF CASING TO SURVEY REFERENCE MARKER

## CASING INFORMATION

SIZE	TOP	BOTTOM	MATERIAL	TYPE	CONNECTION	THICKNESS

## CHANGES

## SCREEN INFORMATION

SIZE	TOP	BOTTOM	MATERIAL	TYPE	SLOT SIZE

## CHANGES

Query HWIS again

**HWIS Interface - Well History Information - Decommissioning**

WELL_ID	WELL_NAME	DECOMMISSIONED_DATE	COMMENTS	SOURCE	DATE_OF_SOURCE
B2520	116-B-5F	06/28/1995	DECOMMISSIONED		

Ecology is an Equal Opportunity and Affirmative Action employer. For special accommodation needs, contact the Water Resources Program at (206) 407-6600. The TDD number is (206) 407-6006.



**B2521 116-B-5G**

# WELL ATTRIBUTES REPORT

<b>WELL ORDER NO</b>		<b>LAST INSPECTION</b>	1/1/1801
<b>WELL ID</b>	B2521	<b>NORTHING</b>	144762
<b>WELL NAME</b>	116-B-5G	<b>EASTING</b>	565293
<b>HOST WELL ID</b>		<b>ELEVATION</b>	
	<b>CONST DATE</b>		
	<b>CONST DEPTH</b>		

LAST INSPECTION INFORMATION				CURRENT INSPECTION INFORMATION			
WELL PAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL PAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
BENTONITE IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	BENTONITE IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
COLLAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	COLLAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
SURFACE EROSION	<input type="checkbox"/> MAJOR <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input checked="" type="checkbox"/> ND*			SURFACE EROSION	<input type="checkbox"/> MAJOR <input type="checkbox"/> NONE <input type="checkbox"/> MINOR		

LAST PUMP INFORMATION				CURRENT PUMP INFORMATION			
PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED	<input type="checkbox"/> REPLACED	<input checked="" type="checkbox"/> ND*	PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED	<input type="checkbox"/> REPLACED	<input type="checkbox"/> REMOVED
PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
ACTIVITY PERFORMED BY	ND*			ACTIVITY PERFORMED BY			
DATE ACTIVITY PERFORMED				DATE ACTIVITY PERFORMED			
PUMP TYPE	ND*			PUMP TYPE			
PUMP MAKE	ND*			PUMP MAKE			
PUMP MODEL	ND*			PUMP MODEL			
PUMP INTAKE DEPTH (ft)				PUMP INTAKE DEPTH (ft)			
TUBING SIZE (in)				TUBING SIZE (in)			
TUBING MATERIAL	ND*			TUBING MATERIAL			
TUBING LENGTH (ft)				TUBING LENGTH (ft)			
TUBING CONNECTION	ND*			TUBING CONNECTION			

ND\* - Not Documented

6/15/2005

# WELL ATTRIBUTES REPORT

FIELD ORDER NO		LAST INSPECTION	1/1/1801
WELL ID	B2521	NORTHING	144762
WELL NAME	116-B-5G	EASTING	565293
HOST WELL ID		ELEVATION	
	CONST DATE		
	CONST DEPTH		

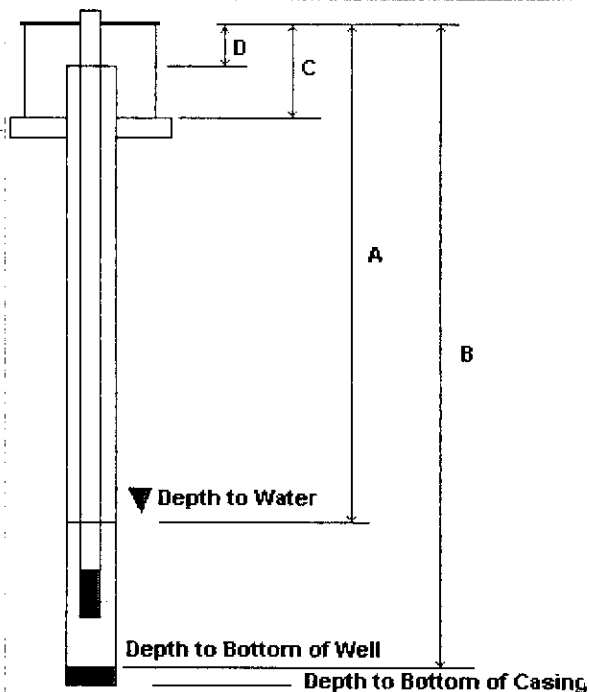
## MEASUREMENT INFORMATION

	LAST	CURRENT
<b>A</b> DEPTH TO WATER(ft)		
DEPTH TO WATER DATE		
<b>B</b> DEPTH TO BOTTOM(ft)		
DEPTH TO BOTTOM DATE		
<b>C</b> STICK UP(ft)		
<b>D</b> REFERENCE MARK(ft)		
REFERENCE MARK IS TOC	YES NO <input checked="" type="checkbox"/> ND*	YES NO

## PERFORATION INFORMATION

CASING SIZE	TOP	BOTTOM	CUTS/FT/ROUND

## CHANGES



**A** DEPTH TO WATER FROM TOP OF CASING  
**B** DEPTH TO BOTTOM OF WELL FROM TOP OF CASING  
**C** TOP OF CASING TO GROUND SURFACE/PAD  
**D** TOP OF CASING TO SURVEY REFERENCE MARKER

## CASING INFORMATION

SIZE	TOP	BOTTOM	MATERIAL	TYPE	CONNECTION	THICKNESS

## CHANGES

## SCREEN INFORMATION

SIZE	TOP	BOTTOM	MATERIAL	TYPE	SLOT SIZE

## CHANGES

Query HWIS again

**HWIS Interface - Well History Information - Decommissioning**

WELL_ID	WELL_NAME	DECOMMISSIONED_DATE	COMMENTS	SOURCE	DATE_OF_SOURCE
B2521	116-B-5G	06/28/1995	DECOMMISSIONED		

File Original and First Copy with  
Department of Ecology  
Second Copy — Owner's Copy  
Third Copy — Driller's Copy

# WATER WELL REPORT

STATE OF WASHINGTON

Start Card No. 132071

UNIQUE WELL LD. # note attached

Water Right Permit No. N/A

OWNER: Name Dept. of Energy

Address: Richland, Wash

(2) LOCATION OF WELL: County Benton NE 1/4 SE 1/4 Sec 11 T. 13 N. R. 25E W.M.

(2a) STREET ADDRESS OF WELL (or nearest address) 100 R Area, Hanford Site (116B-5 Crib)

(3) PROPOSED USE: ☐ Domestic ☐ Industrial ☐ Municipal ☐  
☐ Irrigation ☐ Test Well ☐ Other ☒ Other  
☐ DeWater

## (10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

Formation; Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information.

(4) TYPE OF WORK: Owner's number of well (if more than one) \_\_\_\_\_

Abandoned <input checked="" type="checkbox"/>	New well <input type="checkbox"/>	Method: Dug <input type="checkbox"/>	Bored <input type="checkbox"/>
	Deepened <input type="checkbox"/>	Cable <input type="checkbox"/>	Driven <input type="checkbox"/>
	Reconditioned <input type="checkbox"/>	Rotary <input type="checkbox"/>	Jetted <input type="checkbox"/>

(5) **DIMENSIONS:** Diameter of well \_\_\_\_\_ inches  
 Drilled \_\_\_\_\_ feet Depth of completed well \_\_\_\_\_ ft.

(6) CONSTRUCTION DETAILS:

Casing installed: \_\_\_\_\_ " Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 Welded \_\_\_\_\_ " Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 Lines installed \_\_\_\_\_ " Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 Threaded \_\_\_\_\_ " Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Perforations: Yes ☐ No ☐

Type of perforator used \_\_\_\_\_

SIZE of perforations \_\_\_\_\_ in. by \_\_\_\_\_ in.

\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Screens: Yes ☐ No ☐

Manufacturer's Name \_\_\_\_\_

Type \_\_\_\_\_ Model No. \_\_\_\_\_

Diam. \_\_\_\_\_ Slot size \_\_\_\_\_ from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Diam. \_\_\_\_\_ Slot size \_\_\_\_\_ from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Gravel packed: Yes ☐ No ☐ Size of gravel \_\_\_\_\_  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Surface seal: Yes ☐ No ☒ To what depth? \_\_\_\_\_ ft.

Material used in seal \_\_\_\_\_

Did any struts contain unusable water? Yes ☐ No ☐

Type of water? \_\_\_\_\_ Depth of struts \_\_\_\_\_

Method of sealing struts off \_\_\_\_\_

(7) PUMP: Manufacturer's Name \_\_\_\_\_  
Type: \_\_\_\_\_ H.P. \_\_\_\_\_

(8) **WATER LEVELS:** Land-surface elevation above mean sea level \_\_\_\_\_ ft.

Static level \_\_\_\_\_ ft. below top of well Date \_\_\_\_\_

Artesian pressure \_\_\_\_\_ lbs. per square inch Date \_\_\_\_\_

Artesian water is controlled by \_\_\_\_\_

(8) **WELL TESTS:** Drawdown is amount water level is lowered below static level  
Was a pump test made? Yes ☐ No ☐ If yes, by whom? \_\_\_\_\_  
Yield: \_\_\_\_\_ gal./min. with \_\_\_\_\_ ft. drawdown after \_\_\_\_\_ hrs.

Recovery data (time taken at zero when pump turned off) (water level measured from well top to water level)					
Time	Water Level	Time	Water Level	Time	Water Level

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of test \_\_\_\_\_

Baker test \_\_\_\_\_ gal./min. with \_\_\_\_\_ ft. drawdown after \_\_\_\_\_ hrs.  
test \_\_\_\_\_ gal./min. with steam set at \_\_\_\_\_ ft. for \_\_\_\_\_ hrs.

Steam flow \_\_\_\_\_ g.p.m. Date \_\_\_\_\_

Temperature of water \_\_\_\_\_ Was a chemical analyte made? Yes ☐ No ☐

MATERIAL	FROM	TO
<p>The attached sheet provides information on holes installed and immediately abandoned at the 100 PC Bore, 116 B-5 Crib. All holes were 4 3/4 diameter and back filled with bentonite slushes as the casing was recovered. Unique well ID numbers that were also noted.</p>		

Work Started 6/27/45, 1945. Completed 6/28, 1945

**WELL CONSTRUCTOR CERTIFICATION:**

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME Water Development Hartford  
(PERSON FIRM, OR CORPORATION) (TYPE OR PRINT)  
 Address P.O. Box 4194, West Richland  
 (Signed) [Signature] License No. 2273  
(PRINT NAME)

Contractor's  
Registration  
No. 601-546-086 Date Sept. 20 1994

(USE ADDITIONAL SHEETS IF NECESSARY)

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**B2522 116-B-5H**

# WELL ATTRIBUTES REPORT

<b>WELL ORDER NO</b>		<b>LAST INSPECTION</b>	1/1/1801
<b>WELL ID</b>	B2522	<b>NORTHING</b>	144769
<b>WELL NAME</b>	116-B-5H	<b>EASTING</b>	565293
<b>HOST WELL ID</b>		<b>ELEVATION</b>	
	<b>CONST DATE</b>		
	<b>CONST DEPTH</b>		

LAST INSPECTION INFORMATION				CURRENT INSPECTION INFORMATION			
WELL PAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL PAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
BENTONITE IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	BENTONITE IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
COLLAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	COLLAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
SURFACE EROSION	<input type="checkbox"/> MAJOR	<input type="checkbox"/> NONE	<input checked="" type="checkbox"/> MINOR	SURFACE EROSION	<input type="checkbox"/> MAJOR	<input type="checkbox"/> NONE	<input type="checkbox"/> MINOR

LAST PUMP INFORMATION				CURRENT PUMP INFORMATION			
PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED	<input type="checkbox"/> REPLACED	<input checked="" type="checkbox"/> REMOVED	PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED	<input type="checkbox"/> REPLACED	<input type="checkbox"/> REMOVED
PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
ACTIVITY PERFORMED BY	ND*			ACTIVITY PERFORMED BY			
DATE ACTIVITY PERFORMED				DATE ACTIVITY PERFORMED			
PUMP TYPE	ND*			PUMP TYPE			
PUMP MAKE	ND*			PUMP MAKE			
PUMP MODEL	ND*			PUMP MODEL			
PUMP INTAKE DEPTH (ft)				PUMP INTAKE DEPTH (ft)			
TUBING SIZE (in)				TUBING SIZE (in)			
TUBING MATERIAL	ND*			TUBING MATERIAL			
TUBING LENGTH (ft)				TUBING LENGTH (ft)			
TUBING CONNECTION	ND*			TUBING CONNECTION			

ND\* - Not Documented

6/15/2005

# WELL ATTRIBUTES REPORT

FIELD ORDER NO	LAST INSPECTION	1/1/1801
WELL ID	NORTHING	144769
WELL NAME	EASTING	565293
HOST WELL ID	ELEVATION	
CONST DATE		
CONST DEPTH		

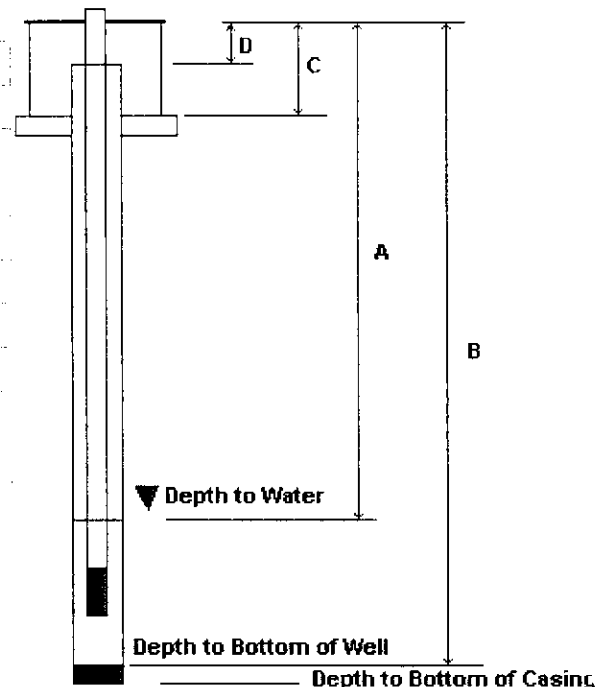
## MEASUREMENT INFORMATION

	LAST	CURRENT
<b>A</b> DEPTH TO WATER(ft)		
DEPTH TO WATER DATE		
<b>B</b> DEPTH TO BOTTOM(ft)		
DEPTH TO BOTTOM DATE		
<b>C</b> STICK UP(ft)		
<b>D</b> REFERENCE MARK(ft)		
REFERENCE MARK IS TOC	YES NO <input checked="" type="checkbox"/> ND*	YES NO

## PERFORATION INFORMATION

CASING SIZE	TOP	BOTTOM	CUTS/FT/ROUND

## CHANGES



**A** DEPTH TO WATER FROM TOP OF CASING  
**B** DEPTH TO BOTTOM OF WELL FROM TOP OF CASING  
**C** TOP OF CASING TO GROUND SURFACE/PAD  
**D** TOP OF CASING TO SURVEY REFERENCE MARKER

## CASING INFORMATION

SIZE	TOP	BOTTOM	MATERIAL	TYPE	CONNECTION	THICKNESS

## CHANGES

## SCREEN INFORMATION

SIZE	TOP	BOTTOM	MATERIAL	TYPE	SLOT SIZE

## CHANGES



Query HWIS again

**HWIS Interface - Well History Information - Decommissioning**

WELL_ID	WELL_NAME	DECOMMISSIONED_DATE	COMMENTS	SOURCE	DATE_OF_SOURCE
B2522	116-B-5H	06/28/1995	DECOMMISSIONED		



**B2523 116-B-5I**

# WELL ATTRIBUTES REPORT

WELL ORDER NO			LAST INSPECTION	1/1/1801
WELL ID	B2523		NORTHING	144754
WELL NAME	116-B-51	CONST DATE	EASTING	565289
HOST WELL ID		CONST DEPTH	ELEVATION	

LAST INSPECTION INFORMATION				CURRENT INSPECTION INFORMATION			
WELL PAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL PAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
BENTONITE IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	BENTONITE IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
COLLAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	COLLAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
SURFACE EROSION	<input type="checkbox"/> MAJOR	<input type="checkbox"/> NONE	<input checked="" type="checkbox"/> MINOR	SURFACE EROSION	<input type="checkbox"/> MAJOR	<input type="checkbox"/> NONE	<input type="checkbox"/> MINOR
LAST PUMP INFORMATION				CURRENT PUMP INFORMATION			
PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED	<input type="checkbox"/> REPLACED	<input checked="" type="checkbox"/> REMOVED	PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED	<input type="checkbox"/> REPLACED	<input type="checkbox"/> REMOVED
PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
ACTIVITY PERFORMED BY	ND*			ACTIVITY PERFORMED BY			
DATE ACTIVITY PERFORMED				DATE ACTIVITY PERFORMED			
PUMP TYPE	ND*			PUMP TYPE			
PUMP MAKE	ND*			PUMP MAKE			
PUMP MODEL	ND*			PUMP MODEL			
PUMP INTAKE DEPTH (ft)				PUMP INTAKE DEPTH (ft)			
TUBING SIZE (in)				TUBING SIZE (in)			
TUBING MATERIAL	ND*			TUBING MATERIAL			
TUBING LENGTH (ft)				TUBING LENGTH (ft)			
TUBING CONNECTION	ND*			TUBING CONNECTION			

ND\* - Not Documented

6/15/2005

# WELL ATTRIBUTES REPORT

FIELD ORDER NO		LAST INSPECTION	1/1/1801
WELL ID	B2523	NORTHING	144754
WELL NAME	116-B-5I	EASTING	565289
HOST WELL ID		ELEVATION	
	CONST DATE		
	CONST DEPTH		

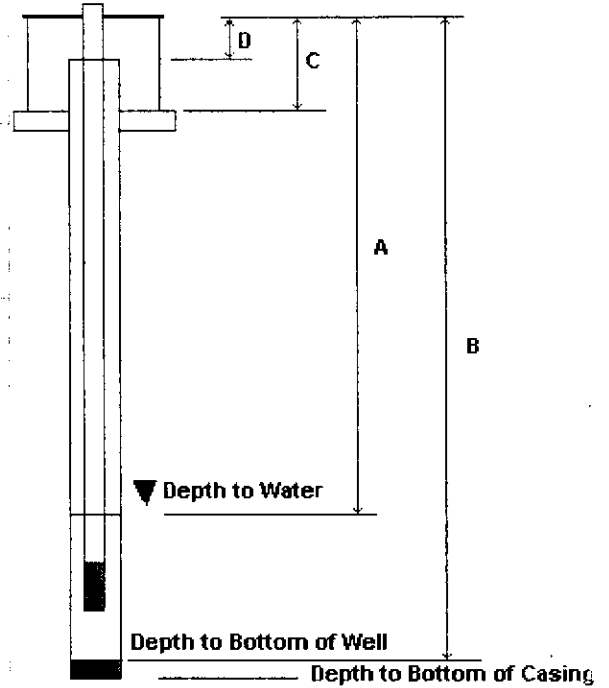
## MEASUREMENT INFORMATION

	LAST	CURRENT
<b>A</b> DEPTH TO WATER(ft)		
DEPTH TO WATER DATE		
<b>B</b> DEPTH TO BOTTOM(ft)		
DEPTH TO BOTTOM DATE		
<b>C</b> STICK UP(ft)		
<b>D</b> REFERENCE MARK(ft)		
REFERENCE MARK IS TOC	YES	NO <input checked="" type="checkbox"/> ND*
	YES	NO

## PERFORATION INFORMATION

CASING SIZE	TOP	BOTTOM CUTS/FT/ROUND

### CHANGES



**A** DEPTH TO WATER FROM TOP OF CASING  
**B** DEPTH TO BOTTOM OF WELL FROM TOP OF CASING  
**C** TOP OF CASING TO GROUND SURFACE/PAD  
**D** TOP OF CASING TO SURVEY REFERENCE MARKER

## CASING INFORMATION

SIZE	TOP	BOTTOM	MATERIAL	TYPE	CONNECTION	THICKNESS

### CHANGES

## SCREEN INFORMATION

SIZE	TOP	BOTTOM	MATERIAL	TYPE	SLOT SIZE

### CHANGES

Query HWIS again

**HWIS Interface - Well History Information - Decommissioning**

WELL_ID	WELL_NAME	DECOMMISSIONED_DATE	COMMENTS	SOURCE	DATE_OF_SOURCE
B2523	116-B-5I	06/28/1995	DECOMMISSIONED		



A9879 199-N-93A



# WELL ATTRIBUTES REPORT

LD ORDER NO		LAST INSPECTION	1/1/1801
WELL ID	A9879	NORTHING	150260
WELL NAME	199-N-93A	EASTING	571560
HOST WELL ID		ELEVATION	120.787
	CONST DATE		
	CONST DEPTH		

LAST INSPECTION INFORMATION				CURRENT INSPECTION INFORMATION			
WELL PAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL PAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
BENTONITE IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	BENTONITE IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
COLLAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	COLLAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
SURFACE EROSION	<input type="checkbox"/> MAJOR	<input type="checkbox"/> NONE		SURFACE EROSION	<input type="checkbox"/> MAJOR	<input type="checkbox"/> NONE	
	<input type="checkbox"/> MINOR	<input checked="" type="checkbox"/> ND*			<input type="checkbox"/> MINOR		

LAST PUMP INFORMATION				CURRENT PUMP INFORMATION			
PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED	<input type="checkbox"/> REPLACED	<input checked="" type="checkbox"/> ND*	PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED	<input type="checkbox"/> REPLACED	
	<input type="checkbox"/> REMOVED				<input type="checkbox"/> REMOVED		
PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
ACTIVITY PERFORMED BY	ND*			ACTIVITY PERFORMED BY			
DATE ACTIVITY PERFORMED				DATE ACTIVITY PERFORMED			
PUMP TYPE	ND*			PUMP TYPE			
PUMP MAKE	ND*			PUMP MAKE			
PUMP MODEL	ND*			PUMP MODEL			
PUMP INTAKE DEPTH (ft)				PUMP INTAKE DEPTH (ft)			
TUBING SIZE (in)				TUBING SIZE (in)			
TUBING MATERIAL	ND*			TUBING MATERIAL			
TUBING LENGTH (ft)				TUBING LENGTH (ft)			
TUBING CONNECTION	ND*			TUBING CONNECTION			

ND\* - Not Documented

6/15/2005

# WELL ATTRIBUTES REPORT

FIELD ORDER NO		LAST INSPECTION	1/1/1801
WELL ID	A9879	NORTHING	150260
WELL NAME	199-N-93A	EASTING	571560
HOST WELL ID		ELEVATION	120.787
	CONST DATE		
	CONST DEPTH		

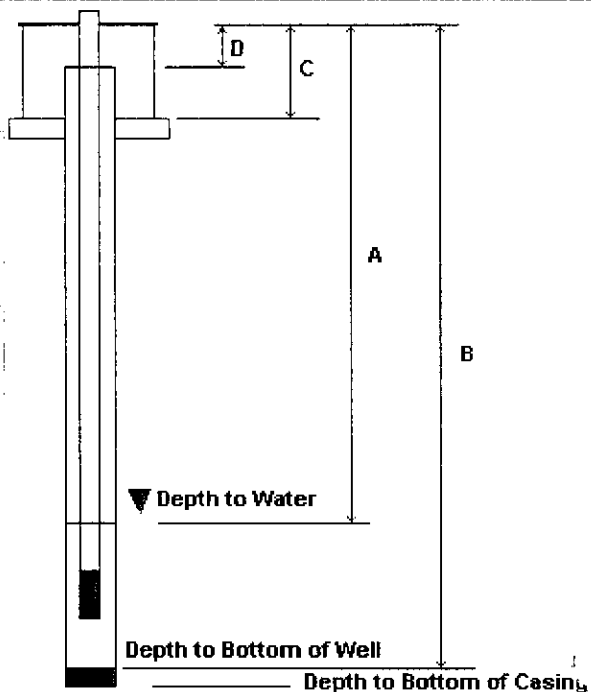
## MEASUREMENT INFORMATION

	LAST	CURRENT
<b>A</b> DEPTH TO WATER(ft)		
DEPTH TO WATER DATE		
<b>B</b> DEPTH TO BOTTOM(ft)		
DEPTH TO BOTTOM DATE		
<b>C</b> STICK UP(ft)		
<b>D</b> REFERENCE MARK(ft)		
REFERENCE MARK IS TOC	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ND*	<input type="checkbox"/> YES <input type="checkbox"/> NO

## PERFORATION INFORMATION

CASING SIZE	TOP	BOTTOM CUTS/FT/ROUND

## CHANGES



**A** DEPTH TO WATER FROM TOP OF CASING  
**B** DEPTH TO BOTTOM OF WELL FROM TOP OF CASING  
**C** TOP OF CASING TO GROUND SURFACE/PAD  
**D** TOP OF CASING TO SURVEY REFERENCE MARKER

## CASING INFORMATION

SIZE	TOP	BOTTOM	MATERIAL	TYPE	CONNECTION	THICKNESS

## CHANGES

## SCREEN INFORMATION

SIZE	TOP	BOTTOM	MATERIAL	TYPE	SLOT SIZE

## CHANGES

Query HWIS again

**HWIS Interface - Well History Information - Decommissioning**

WELL_ID	WELL_NAME	DECOMMISSIONED_DATE	COMMENTS	SOURCE	DATE_OF_SOURCE
A9879	199-N-93A	10/19/1994	DECOMMISSIONED		

5.2.5

Boring or Well No. 99-N-93A / A9879

Sheet 1 of 2

# Project 100-N Springs Characterization

Date 10/19/94

(Slow/Print Name)

(Sign/Print Name)

CONSTRUCTION DATA	
Description	

### Diagram

Depth  
in  
Feet

### Graphic Log

## GEOLOGIC/HYDROLOGIC DATA

## Lithologic Description

Hole Abandoned 10/19/94

Gilled with Bentonite Hole

Ph<sub>2</sub>C<sub>6</sub>H<sub>4</sub> Tapped with Cement

Ques.

**N SPRINGS**

10" Carbon Steel Temporary

Casing Set at 30.87 ft.

WELL SUMMARY SHEET																															
Boring or Well No. <u>N-93A / 19879</u>		Sheet <u>2</u> of <u>2</u>																													
Location <u>100-N Springs</u>		Project <u>100-N Springs Characterization</u>																													
Prepared By <u>David R. Blumens / Gorman</u>	Date <u>10/19/94</u>	Reviewed By <u>K. Gorman</u>	Date <u>10/19/94</u>																												
(Sign/Print Name)		(Sign/Print Name)																													
CONSTRUCTION DATA		GEOLOGIC/HYDROLOGIC DATA																													
Description	Diagram	Graphia Log	Lithologic Description																												
<div style="border: 1px solid black; height: 100px; width: 100%; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; background: linear-gradient(to top right, transparent 49%, black 49%, black 51%, transparent 51%); background-size: 40px 40px;"> </div> </div>	<div style="border: 1px solid black; height: 100px; width: 100%; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; background: linear-gradient(to top right, transparent 49%, black 49%, black 51%, transparent 51%); background-size: 40px 40px;"> </div> </div>	<div style="border: 1px solid black; height: 100px; width: 100%; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; background: linear-gradient(to top right, transparent 49%, black 49%, black 51%, transparent 51%); background-size: 40px 40px;"> </div> </div>	<div style="border: 1px solid black; height: 100px; width: 100%; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; background: linear-gradient(to top right, transparent 49%, black 49%, black 51%, transparent 51%); background-size: 40px 40px;"> </div> </div>																												
				<div style="border: 1px solid black; height: 100px; width: 100%; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; background: linear-gradient(to top right, transparent 49%, black 49%, black 51%, transparent 51%); background-size: 40px 40px;"> </div> </div>	<div style="border: 1px solid black; height: 100px; width: 100%; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; background: linear-gradient(to top right, transparent 49%, black 49%, black 51%, transparent 51%); background-size: 40px 40px;"> </div> </div>	<div style="border: 1px solid black; height: 100px; width: 100%; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; background: linear-gradient(to top right, transparent 49%, black 49%, black 51%, transparent 51%); background-size: 40px 40px;"> </div> </div>	<div style="border: 1px solid black; height: 100px; width: 100%; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; background: linear-gradient(to top right, transparent 49%, black 49%, black 51%, transparent 51%); background-size: 40px 40px;"> </div> </div>																								
								<div style="border: 1px solid black; height: 100px; width: 100%; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; background: linear-gradient(to top right, transparent 49%, black 49%, black 51%, transparent 51%); background-size: 40px 40px;"> </div> </div>	<div style="border: 1px solid black; height: 100px; width: 100%; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; background: linear-gradient(to top right, transparent 49%, black 49%, black 51%, transparent 51%); background-size: 40px 40px;"> </div> </div>	<div style="border: 1px solid black; height: 100px; width: 100%; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; background: linear-gradient(to top right, transparent 49%, black 49%, black 51%, transparent 51%); background-size: 40px 40px;"> </div> </div>	<div style="border: 1px solid black; height: 100px; width: 100%; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; background: linear-gradient(to top right, transparent 49%, black 49%, black 51%, transparent 51%); background-size: 40px 40px;"> </div> </div>																				
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																				<div style="border: 1px solid black; height: 100px; width: 100%; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; background: linear-gradient(to top right, transparent 49%, black 49%, black 51%, transparent 51%); background-size: 40px 40px;"> </div> </div>	<div style="border: 1px solid black; height: 100px; width: 100%; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; background: linear-gradient(to top right, transparent 49%, black 49%, black 51%, transparent 51%); background-size: 40px 40px;"> </div> </div>	<div style="border: 1px solid black; height: 100px; width: 100%; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; background: linear-gradient(to top right, transparent 49%, black 49%, black 51%, transparent 51%); background-size: 40px 40px;"> </div> </div>	<div style="border: 1px solid black; height: 100px; width: 100%; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; background: linear-gradient(to top right, transparent 49%, black 49%, black 51%, transparent 51%); background-size: 40px 40px;"> </div> </div>								
																								<div style="border: 1px solid black; height: 100px; width: 100%; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; background: linear-gradient(to top right, transparent 49%, black 49%, black 51%, transparent 51%); background-size: 40px 40px;"> </div> </div>	<div style="border: 1px solid black; height: 100px; width: 100%; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; background: linear-gradient(to top right, transparent 49%, black 49%, black 51%, transparent 51%); background-size: 40px 40px;"> </div> </div>	<div style="border: 1px solid black; height: 100px; width: 100%; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; background: linear-gradient(to top right, transparent 49%, black 49%, black 51%, transparent 51%); background-size: 40px 40px;"> </div> </div>	<div style="border: 1px solid black; height: 100px; width: 100%; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; background: linear-gradient(to top right, transparent 49%, black 49%, black 51%, transparent 51%); background-size: 40px 40px;"> </div> </div>				
																												<div style="border: 1px solid black; height: 100px; width: 100%; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; background: linear-gradient(to top right, transparent 49%, black 49%, black 51%, transparent 51%); background-size: 40px 40px;"> </div> </div>	<div style="border: 1px solid black; height: 100px; width: 100%; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; background: linear-gradient(to top right, transparent 49%, black 49%, black 51%, transparent 51%); background-size: 40px 40px;"> </div> </div>	<div style="border: 1px solid black; height: 100px; width: 100%; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; background: linear-gradient(to top right, transparent 49%, black 49%, black 51%, transparent 51%); background-size: 40px 40px;"> </div> </div>	<div style="border: 1px solid black; height: 100px; width: 100%; position: relative;"> </div>

100-NR-2

5.2.8

## WELL SUMMARY SHEET

Boring or Well No. **199-N-93A**

Northing

Easting

Sheet 1 of 1Location N-SpringsProject N-Springs Barrier WallElevation 392.90Drilling Contractor Kaiser Hanford Co.Driller G. HowellDrilling Method and Equipment Cable ToolPrepared by V.M. Johnson

(Sign/Print Name)

0047234

## CONSTRUCTION DATA

Depth  
in  
Feet

## GEOLOGIC/HYDROLOGIC DATA

Description

Well Construction

Graphic Log

Lithologic Description

Hole abandoned 10/19/94 with bentonite hole plug. Cement pad installed at surface (covered).

10-in temporary carbon steel casing set at 30.8-ft.

8-in temporary carbon steel casing set at 43.0-ft.  
Total depth 43.0-ft.

10

20

30

40

50

60

70

Road fill (Approximate depth not shown.)  
0.0-5.0 ft Silty Sandy GRAVEL (stabilization)

At 5.0 ft, encountering large cobble/boulder material. Difficult to advance borehole.  
HANFORD FORMATION: 5 to 7 ft: Gray to brown-gray pebble-cobble gravel with a sand matrix. Boulder may be present.  
RINGOLD UNIT E: 7 to 33 ft: Gray, green-gray, brown, and red-brown sandy pebble-cobble gravel. Silt content variable and some cementation may be present in lower half. Sandy interbed from 15 to 17 ft.

10.0-16.0 ft Slightly Silty Sandy GRAVEL

16.0-17.5 ft Silty Sandy GRAVEL

17.5-18.5 ft. SAND

18.5-19.25 ft Gravelly SAND

19.25-20.0 ft Sandy GRAVEL

20.0-23.0 ft. Slightly Silty Sandy GRAVEL

23.0-30.0 ft Sandy Silty GRAVEL

25.0 ft Silt cementing sand and gravel.

30.0-33.0 ft Silty Sandy GRAVEL

33.0-35.0 ft Slightly Sandy SILT

RINGOLD UPPER MUD: 33 to 43 ft:  
Green, gray, and brown silt with minor clay and sand.

35.0-43.0 ft SILT

Inches

28 20 12 8 4 0 4 8 12 20 28

C/Z S P C/B

N SPRINGS

A9881 199-N-95A

# WELL ATTRIBUTES REPORT

WELL ORDER NO			LAST INSPECTION	1/1/1801
WELL ID	A9881		NORTHING	149970
WELL NAME	199-N-95A	CONST DATE	EASTING	571360
HOST WELL ID		CONST DEPTH	ELEVATION	

LAST INSPECTION INFORMATION				CURRENT INSPECTION INFORMATION											
WELL PAD	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	ND*	WELL PAD	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO				
BRASS SURVEY MARKER	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	ND*	BRASS SURVEY MARKER	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO				
MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	ND*	MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO				
MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	ND*	MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO				
WELL LABELED WITH WELL ID	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	ND*	WELL LABELED WITH WELL ID	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO				
WELL LABELED WITH WELL NAME	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	ND*	WELL LABELED WITH WELL NAME	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO				
PROTECTIVE POSTS	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	ND*	PROTECTIVE POSTS	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO				
REMOVABLE POST IN PLACE	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	ND*	REMOVABLE POST IN PLACE	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO				
WELL LOCK	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	ND*	WELL LOCK	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO				
WELL DAMAGED	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	ND*	WELL DAMAGED	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO				
WELL IS DRY	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	ND*	WELL IS DRY	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO				
PARTED CASING	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	ND*	PARTED CASING	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO				
BENTONITE IN WELL	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	ND*	BENTONITE IN WELL	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO				
WELL SANDED IN	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	ND*	WELL SANDED IN	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO				
LAPSED CASING	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	ND*	COLLAPSED CASING	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO				
EQUIPMENT IN WELL	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	ND*	EQUIPMENT IN WELL	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO				
DEBRIS IN WELL	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	ND*	DEBRIS IN WELL	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO				
SURFACE EROSION	<input type="checkbox"/>	MAJOR	<input type="checkbox"/>	NONE	<input type="checkbox"/>	MINOR	<input checked="" type="checkbox"/>	ND*	SURFACE EROSION	<input type="checkbox"/>	MAJOR	<input type="checkbox"/>	NONE	<input type="checkbox"/>	MINOR
LAST PUMP INFORMATION							CURRENT PUMP INFORMATION								
PUMP ACTIVITY PERFORMED	<input type="checkbox"/>	INSTALLED	<input type="checkbox"/>	REPLACED	<input checked="" type="checkbox"/>	ND*	PUMP ACTIVITY PERFORMED	<input type="checkbox"/>	INSTALLED	<input type="checkbox"/>	REPLACED	<input type="checkbox"/>	REMOVED		
PUMP TESTED	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	ND*	PUMP TESTED	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO				
NEW PUMP	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	ND*	NEW PUMP	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO				
ACTIVITY PERFORMED BY	ND*						ACTIVITY PERFORMED BY								
DATE ACTIVITY PERFORMED							DATE ACTIVITY PERFORMED								
PUMP TYPE	ND*						PUMP TYPE								
PUMP MAKE	ND*						PUMP MAKE								
PUMP MODEL	ND*						PUMP MODEL								
PUMP INTAKE DEPTH (ft)							PUMP INTAKE DEPTH (ft)								
TUBING SIZE (in)							TUBING SIZE (in)								
TUBING MATERIAL	ND*						TUBING MATERIAL								
TUBING LENGTH (ft)							TUBING LENGTH (ft)								
TUBING CONNECTION	ND*						TUBING CONNECTION								

ND\* - Not Documented

6/15/2005



# WELL ATTRIBUTES REPORT

FIELD ORDER NO			LAST INSPECTION	1/1/1801
WELL ID	A9881		NORTHING	149970
WELL NAME	199-N-95A	CONST DATE	EASTING	571360
HOST WELL ID		CONST DEPTH	ELEVATION	

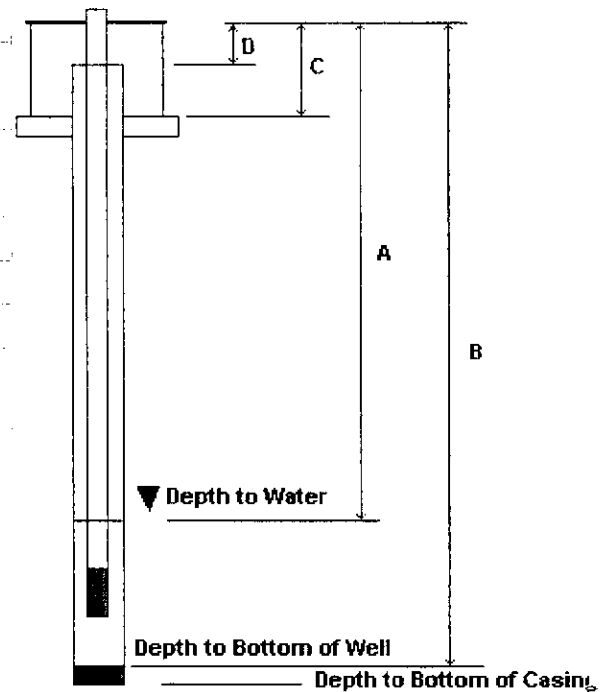
## MEASUREMENT INFORMATION

	LAST	CURRENT
<b>A</b> DEPTH TO WATER(ft)		
DEPTH TO WATER DATE		
<b>B</b> DEPTH TO BOTTOM(ft)		
DEPTH TO BOTTOM DATE		
<b>C</b> STICK UP(ft)		
<b>D</b> REFERENCE MARK(ft)		
REFERENCE MARK IS TOC	YES NO <input checked="" type="checkbox"/> ND*	YES NO

## PERFORATION INFORMATION

CASING SIZE	TOP	BOTTOM	CUTS/FT/ROUND

## CHANGES



A DEPTH TO WATER FROM TOP OF CASING  
 B DEPTH TO BOTTOM OF WELL FROM TOP OF CASING  
 C TOP OF CASING TO GROUND SURFACE/PAD  
 D TOP OF CASING TO SURVEY REFERENCE MARKER

## CASING INFORMATION

SIZE	TOP	BOTTOM	MATERIAL	TYPE	CONNECTION	THICKNESS

## CHANGES

## SCREEN INFORMATION

SIZE	TOP	BOTTOM	MATERIAL	TYPE	SLOT SIZE

## CHANGES

100-NR-2

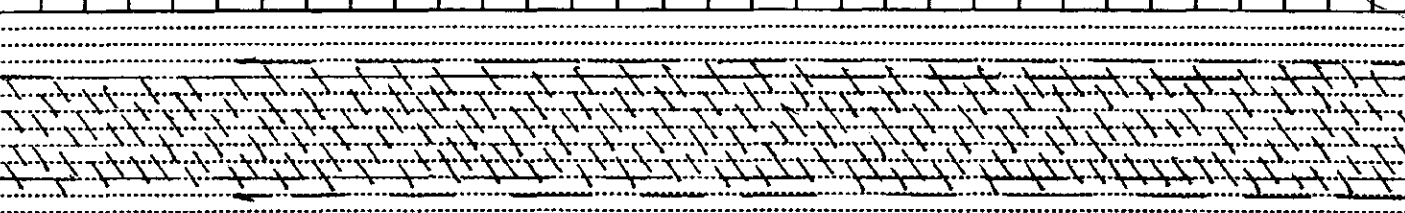
0036010 5.2.5

## WELL SUMMARY SHEET

Boring or Well No. 99-95A / 19881Sheet 1 of 2Location N Springs

Project

N Springs Borehole WellPrepared By W. J. Johnson Date 10/5/94  
(Sign/Print Name)Reviewed By W. J. Johnson Date 11/11/94  
(Sign/Print Name)

CONSTRUCTION DATA		GEOLOGIC/HYDROLOGIC DATA	
Description	Diagram	Depth in Feet	Lithologic Description
Hole Abandoned 10-18-94 using 29 bags bentonite mudplug		1	Unconsolidated Sandy GRAVEL (SG)
		2	
		3	
		4	
		5	
		6	
		7	
		8	
		9	
		10	10.0' Gravely SAND (GS)
		11	
		12	
		13	
		14	
		15	15.0' Sandy GRAVEL (SG)
		16	
		17	
		18	Approx. 18.0' Sandy GRAVEL (SG)
		19	grades to uniform Sand.
		20	
		21	21.5' Sandy GRAVEL (SG)
		22	
		23	23.0' Sand using gravel size to small cobble of
		24	
		25	
		26	Sandy GRAVEL (SG)
		27	
		28	
		29	
		30	27.0' Gravely SAND (GS)
		31	

100' cement shell casing set  
at 26.4'

N SPRINGS

# WELL SUMMARY SHEET

Boring or Well No. N-95A/19881

Sheet 2 of 2

Location

N Spring

Project

N Spring Bunker Well

Prepared By

Wm J. Lewis  
(Sign/Print Name)

Date

10/5/14

Reviewed By

R. J. Lewis  
(Sign/Print Name)

Date

11/11/14

## CONSTRUCTION DATA

Description

Diagram

Depth  
in  
Feet

Graphic Log

## GEOLOGIC/HYDROLOGIC DATA

Lithologic Description

*8 in. pipe steel casing set  
at 48.5'*

32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49



32.5' Silty Sandy GRAVEL (msh)  
38.5' Silty sand contact with SILT (m)  
49.0' Total Depth

## WELL SUMMARY SHEET

Boring or Well No. 199-N-95A

Northing

Easting

Sheet 1 of 1

Location N-SpringsProject N-Springs Barrier WallElevation 395.60Drilling Contractor Kaiser Hanford Co.Driller M. WaspirDrilling Method and Equipment Cable ToolPrepared by V.M. Johnson

(Sign/Print Name)

## CONSTRUCTION DATA

Depth  
in  
Feet

## GEOLOGIC/HYDROLOGIC DATA

Description

Well Construction

Graphic Log

Lithologic Description

Hole abandoned 10/18/94 with bentonite hole plug. Cement pad installed at surface (covered).

10-in temporary carbon-steel casing set at 26.4-ft

8-in temporary carbon-steel casing set at 48.5-ft  
Total depth 49.0-ft.

10

20

30

40

50

60

70

Road fill (Approximate depth not shown.)  
0.0-3.5 ft Sandy GRAVEL (stabilization)  
HANFORD FORMATION: 0 to 14 ft: Gray to brown, sandy pebble-cobble gravel containing up to 70% basalt. Upper 4 ft may be boulder rich.  
1.5 ft Large cobbles approximately 8 in diameter.  
3.5-15.0 ft Gravelly SAND

RINGOLD UNIT E: 14 to 38.5 ft: Sandy pebble-cobble gravel containing <40% basalt. Sandy interbeds at 18 to 20 ft and 27 to 32 ft. Iron oxide stains present in lower 8 ft.

15.0-18.0 ft Sandy GRAVEL  
Sandy Gravel grades to uniform sand.  
18.0-20.5 ft SAND

20.5-27.0 ft Sandy GRAVEL  
Increasing gravel size to small cobble at 23.0 ft  
27.0-32.5 ft Gravelly SAND

32.5-38.5 ft Silty Sandy GRAVEL

38.5-40.0 ft SILT  
RINGOLD UPPER MUD: 38.5 to 49.0 ft:  
Clayey to sandy silty.

40.0-43.0 Silt/CLAY

43.0-45.0 ft SILT

45.0-49.0 ft CLAY/SILT

Inches

28 20 12 8 4 0 4 8 12 20 28

C/Z S P C/B

0047235

N SPRINGS

**A9883 199-N-97A**

100-NR-2 199-N-97A 0036341 5.2.15

A9883

WELL SUMMARY SHEET

Boring or Well No. 199-N-97A / A9883  
Sheet 1 of 2

Location N Springs Project N Springs Basin, Well  
Prepared By V. Johnson Date 10/13/14 Reviewed By V. Johnson Date 10/14/14  
(Sign/Print Name) (Sign/Print Name)

CONSTRUCTION DATA		Depth in Feet	GEOLOGIC/HYDROLOGIC DATA	
Description	Diagram		Graphic Log	Lithologic Description
Improving 8 in casing out at 45.0'		1		Surface Stabilized
Improving 10 in casing out at 20.17'		2		1.5' Sandy GRAVEL (SG)
		3		
		4		
		5		
		6		
		7		
		8		8.0' Gravelly SAND (GS)
		9		
		10		9.5' Sandy GRAVEL (SG)
		11		
		12		
		13		
		14		
		15		14.0' Unconsolidating silt
		16		
		17		
		18		
		19		
		20		20.0' Gravelly SAND (GS)
		21		
		22		
		23		
		24		
		25		
		26		24.5' Sandy GRAVEL (SG)
		27		
		28		29.0' Slightly Silty SAND
		29		30.0' Sandy GRAVEL (SG)
		30		31.5' Gravelly to Gravelly SAND (GS)
		31		
		32		

Boring or Well No. 199-N-97A / 49883

Elevat 2 of 2

Project N. Spring Barrier Wall

Reviewed By W. J. Simpson Date 10/14/94

(Sign/Print Name)

[illegible]

5.2.5

# WELL SUMMARY SHEET

100-NR-2

Spring or Well No.

199-N-97A

Northing

Easting

Sheet

1

of

1

Location N-Springs

Project N-Springs Barrier Wall

Elevation NA

Drilling Contractor Kaiser Hanford Co.

Driller M. Wraspir

Drilling Method and Equipment Cable Tool

Prepared by V.M. Johnson

(Sign/Print Name)

0047288

## CONSTRUCTION DATA

Depth  
in  
Feet

## GEOLOGIC/HYDROLOGIC DATA

Description

Well Construction

Graphic Log

Lithologic Description

Hole abandoned 10/12/94 with bentonite hole plug. Cement pad installed at surface (covered).

10-in temporary carbon-steel casing set at 20.17-ft.

8-in temporary carbon-steel casing set at 45.0-ft. Total depth 46.0-ft.

10

20

30

40

50

60

70

Road fill (Approximate depth not shown.)  
0.0-8.0 ft Sandy GRAVEL  
HANFORD FORMATION: 0 to 4.5 ft: Light gray, sandy pebble-cobble gravel.  
RINGOLD UNIT E: 4.5 to 35 ft: Pale brown, sandy pebble-cobble gravel containing <30% basalt. Large cobbles may be present at 20 to 24 ft and 28 to 30 ft.

8.0-9.5 ft Gravelly SAND

9.5-20.0 ft Sandy GRAVEL

14.0 ft Increasing silt

20.0-26.5 ft Gravelly SAND

26.5-29.0 ft Sandy GRAVEL

29.0-30.0 ft Slightly Silty SAND

30.0-31.5 ft Sandy GRAVEL

31.5-33.5 ft Gravelly SAND

33.5-35.0 ft Sandy GRAVEL

35.0-46.0 ft SILT (some clay)

RINGOLD UPPER MUD: 35 to 46 ft: Clayey to sandy silt.

Inches

28 20 12 8 4 0 4 8 12 20 28

C/Z S P C/B

N SPRINGS



A9102 699-101-48C

# WELL ATTRIBUTES REPORT

<b>LD ORDER NO</b>		<b>LAST INSPECTION</b>	1/1/1801
<b>WELL ID</b>	A9102	<b>NORTHING</b>	154411.007
<b>WELL NAME</b>	699-101-48C	<b>EASTING</b>	575222.887
<b>HOST WELL ID</b>		<b>ELEVATION</b>	119.506
	<b>CONST DATE</b>		
	<b>CONST DEPTH</b>		

LAST INSPECTION INFORMATION				CURRENT INSPECTION INFORMATION			
WELL PAD	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> ND*	WELL PAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
BENTONITE IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	BENTONITE IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
LAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	COLLAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
SURFACE EROSION	<input type="checkbox"/> MAJOR <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input checked="" type="checkbox"/> ND*			SURFACE EROSION	<input type="checkbox"/> MAJOR <input type="checkbox"/> NONE <input type="checkbox"/> MINOR		
LAST PUMP INFORMATION				CURRENT PUMP INFORMATION			
PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED <input type="checkbox"/> REPLACED <input checked="" type="checkbox"/> ND* <input type="checkbox"/> REMOVED			PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED <input type="checkbox"/> REPLACED <input type="checkbox"/> REMOVED		
PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
ACTIVITY PERFORMED BY	ND*			ACTIVITY PERFORMED BY			
DATE ACTIVITY PERFORMED				DATE ACTIVITY PERFORMED			
PUMP TYPE	ND*			PUMP TYPE			
PUMP MAKE	ND*			PUMP MAKE			
PUMP MODEL	ND*			PUMP MODEL			
PUMP INTAKE DEPTH (ft)				PUMP INTAKE DEPTH (ft)			
TUBING SIZE (in)				TUBING SIZE (in)			
TUBING MATERIAL	ND*			TUBING MATERIAL			
TUBING LENGTH (ft)				TUBING LENGTH (ft)			
TUBING CONNECTION	ND*			TUBING CONNECTION			

ND\* - Not Documented

6/15/2005

# WELL ATTRIBUTES REPORT

FIELD ORDER NO

WELL ID A9102

WELL NAME 699-101-48C

HOST WELL ID

CONST DATE

CONST DEPTH

LAST INSPECTION 1/1/1801

NORTHING 154411.007

EASTING 575222.887

ELEVATION 119.506

## MEASUREMENT INFORMATION

LAST

CURRENT

A DEPTH TO WATER(ft)

DEPTH TO WATER DATE

B DEPTH TO BOTTOM(ft) 6.89

DEPTH TO BOTTOM DATE

C STICK UP(ft) 0.35

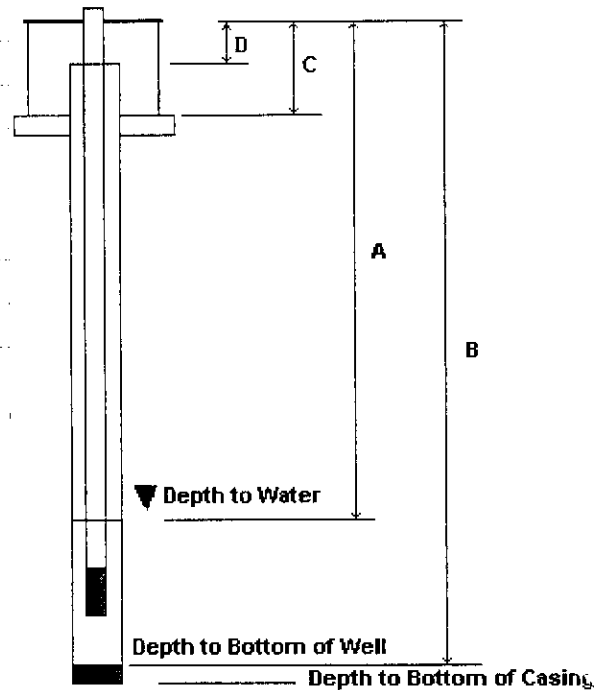
D REFERENCE MARK(ft)

REFERENCE MARK IS TOC ☐ YES ☐ NO ☒ ND\* ☐ YES ☐ NO

## PERFORATION INFORMATION

CASING SIZE TOP BOTTOM CUTS/FT/ROUND

## CHANGES



A DEPTH TO WATER FROM TOP OF CASING

B DEPTH TO BOTTOM OF WELL FROM TOP OF CASING

C TOP OF CASING TO GROUND SURFACE/PAD

D TOP OF CASING TO SURVEY REFERENCE MARKER

## CASING INFORMATION

SIZE TOP BOTTOM MATERIAL TYPE CONNECTION THICKNESS

## CHANGES

## SCREEN INFORMATION

SIZE TOP BOTTOM MATERIAL TYPE SLOT SIZE

## CHANGES

WESTINGHOUSE HANFORD COMPANY		EXCAVATION PERMIT	
1. Work Package No. RD1CA	2. W.O./Project No. FY95 WELL DECOMMISSIONING	3. Location of Excavation WELLS 699-49-111, -52-117, -52-118, -54-37B, -63-89, -80-39B	
4. Originated By D.E. SKOGLIE		Date 10/28/94	5. Engineering Change Notice (ECN) N/A
6. Drawings Required (Identification Numbers) N/A		7. Other Affected Drawings or Documents WELL DECOMMISSIONING PLANNED FOR FIRST QUARTER FISCAL YEAR 1995 BY WHC WELL SERVICES	
8. Description of Work DECOMMISSION WELLS PER FITNESS FOR USE CHECKLIST AND WASHINGTON ADMINISTRATIVE CODES (WAC-173-160). WORK WILL BE DOCUMENTED ON FIELD ACTIVITY REPORTS.			
9. Special Instructions or Comments (Including Safety Requirements found in WHC-CM-4-3, CM-8) WORK WILL BE CONDUCTED PER AN APPLICABLE JOB HAZARD ANALYSIS.			
10. Excavation Requirements Planning Checklist (Check appropriate blocks to determine supplemental approvals)  Will the excavation work:  <div style="display: flex; justify-content: space-between;"> <div style="width: 10%;">Yes</div> <div style="width: 10%;">No</div> <div style="width: 80%;"> <input type="checkbox"/> <input checked="" type="checkbox"/> limit access, pedestrian or vehicle, to or from any area or building? (If yes, Occupational Health and Safety approval required.) Block 17  <input type="checkbox"/> <input checked="" type="checkbox"/> be within 25 feet of the center line of the railroad track? (If yes, Track Maintenance approval required.) Block 18  <input checked="" type="checkbox"/> <input type="checkbox"/> be within the 600 Area? (If yes, 600 Area Landlord approval required.) Block 19  <input type="checkbox"/> <input checked="" type="checkbox"/> be under or immediately adjacent to any high voltage line or switching equipment? (If yes, Electrical Utilities approval required.) Block 20  <input type="checkbox"/> <input checked="" type="checkbox"/> be within or immediately adjacent to the boundaries of a security barrier or will uncover a security system for maintenance or modification? (If yes, Safeguards and Security approval required.) Block 21  <input type="checkbox"/> <input checked="" type="checkbox"/> be performed over, under, or immediately adjacent to any steam, sewer, or water utility lines? (If yes, Steam/Water Utilities approval required.) Block 22  <input type="checkbox"/> <input checked="" type="checkbox"/> be performed in the vicinity of telecommunication lines? (If yes, IRM Plant Telephone approval required.) Block 23  <input checked="" type="checkbox"/> <input type="checkbox"/> be performed in areas other than existing utilities, buildings, water sites, and those required to remove existing surplus facilities? (If yes, Site Planning approval required.) Block 24 </div> </div>			
11. List Facilities, Services, and Utilities affected by Excavation SUBJECT WELLS WILL BE DECOMMISSIONED PER WAC CODES.		SUPPLEMENTAL APPROVALS	
		17. Occupational Health & Safety <i>David D. Hays</i> Date <i>16 Nov 94</i>	
		18. Track Maintenance N/A Date	
REQUIRED APPROVALS			
12. Cultural Resources Review (all Packages) HCRC 95-600-006 (PARTS 1 & 2) DE Skoglie for Beth Crist telecon Date <i>11/14/94</i> <i>13:30</i>		19. 600 Area Landlord <i>[Signature]</i> Date <i>17 Nov 94</i>	
13. Occupational Health & Safety (for W.O./Project Packages only) N/A Date		20. Electrical Utilities N/A Date	
RWP Required Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		21. Safeguards and Security N/A Date <i>[Signature]</i>	
14. Environmental Assurance (for W.O./Project Packages only) <i>S.M. McManis</i> Date <i>11-17-94</i>		22. Steam/Water Utilities N/A Date	
15. Cognizant Engineer (for W.O./Project Packages only) <i>David E. Skoglie</i> Date <i>11/14/94</i>		23. IRM Plant Telephone (24 hours prior to start) N/A Date	
16. Facility/Plant Manager (for W.O./Project Packages only) N/A Date		24. Site Planning <i>DE Skoglie for Ed Yancov</i> <i>per telecon</i> Date <i>11/14/94</i> <i>14:07</i>	

TEST WELL #5

T 14N, R 26E, NW 1/4 of Section 12  
50 ft. from Columbia River

0' - 21'	Boulders and cobbles with some sand and sandy clay in the openings
21' - 24'	Sand and cobbles
24' - 43'	Coarse gravel and cobbles with some sand
43' - 45'	Medium and coarse gravel with very little sand
45' - 47'	Sand and fine gravel
47' - 49'	Clay bound medium and coarse gravel
49' - 77'	Fine yellow sandstone - clacareous cement

Screen set with bottom at 47'  
Pipe left in hole 43' 3"

1089-101-480

BEST AVAILABLE COPY

BEST AVAILABLE COPY

<div style="display: flex; justify-content: space-between;"> <span style="font-size: 2em; font-weight: bold;">A9102</span> <div> <b>FIELD ACTIVITY REPORT -</b>  <b>WELL REMEDIATION AND ABANDONMENT</b> </div> </div>		<div style="display: flex; justify-content: space-between;"> <span style="font-size: 1.5em;">A9102-01</span> <div> Page <u>1</u> of <u>1</u> </div> </div>				
Date 12/08/94	Well No. 699-101-48C	Rig Type/Model Schram	Rig No. #61	Contract/Work Order No. MBGSWV372778	Start Card No. 32031	Report No. A9102-01
Purpose Decommissioning of well- Mobilization and set-up.- -----N/A-----				Reference -----N/A----- -----N/A-----	Location 600 Area -----N/A-----	
Hole Size 7"	Casing Size 6"	Type C.S.	Set At 47.00'	Personnel Operator <u>Mansfield</u> Lic No. <u>2223</u> Print & Sign Name (Acceptance) <u>J. Mansfield/</u> Other: M. McCoy-Helper Staco P. LaPlaunt-Helper Staco N. Speaker-Proj. Mgr. Staco M. Walkup-WHC -----N/A----- -----N/A----- -----N/A----- -----N/A----- -----N/A-----		
Total Depth 77.0'	N/A	N/A	N/A			
	N/A	N/A	N/A			
Reference/Measuring Point Ground surface.-----N/A-----						
Start Time 0630 Hrs.	Materials Used					
End Time 1630 Hrs.	-----N/A-----					
Time ---N/A---	-----N/A-----					
Contractor Time ---N/A---	-----N/A-----					
Total Time 10	-----N/A-----					
Description of Operations/Remarks						
0630-0700: Safety meeting was held by Staco crew. Topics discussed included off road operations. Equipment was started and warmed.-----N/A-----						
0700-0730: Moved equipment to facilitate access of WHC camera van.-----N/A-----						
0730-0800: WHC camera van and crew onsite. Unable to check well, camera was not functioning.-----N/A-----						
0800-1000: Rig was stacked and mobilized to well #699-101-48C. HPT's on location at 0830 hrs. All equipment and personnel were checked, no contamination found.----N/A----						
1000-1100: Rig was set-up over well. Control zone was set-up around work site. A pre-job meeting was conducted by M. Walkup-WHC. Steps for decommissioning of well were discussed. Also discussed was the fact that the well being decommissioned is located in a "sensitive habitat area" and all equipment should be operated on the established roadways.-----N/A-----						
1100-1330: Staco crew to WSS pipeyard to load bits, subs, and drill collars. Returned to the well site.-----N/A-----						
1330-1500: Diverter head was welded on well casing. Equipment was set-up to drill out fill in well. Bottom of well was tagged at ~7.0'. HPT on location. Equipment and personnel were surveyed, no contamination found.-----N/A-----						
1500-1630: Minor rig maintenance performed by Staco personnel. The well was secured by placing rig kelly bar and bushing in the diverter head adapter.-----N/A-----						
-----N/A-----						
Report By <u>M.W. Walkup</u>				Reviewed By <u>D.E. SKOGLIE</u>		
Title <u>Engineering Technician</u>				Title <u>SR. Plant Engineer</u> Date <u>12/09/94</u>		
Signature				Signature <u>David E. Skoglie</u>		

# NON-RECORD COPY

A9102-02

FIELD ACTIVITY REPORT - WELL REMEDIATION AND ABANDONMENT						Page <u>1</u> of <u>1</u>	
Date 12/12/94	Well No. 899-101-48C	Rig Type/Model Schram	Rig No. #61	Contract/Work Order No. MBGSWV372778	Start Card No. 32031	Report No. A9102-02	
Purpose Decommissioning of well- Clean well to original-- depth.-----N/A-----				Reference -----N/A----- -----N/A-----		Location 600 Area -----N/A-----	
Hole Size 7"	Casing Size 6"	Type C.S.	Set At 47.00'		Personnel		
Total Depth 77.0'	N/A"	N/A	-----N/A----- -----N/A-----		Operator <u>Mansfield</u> No. <u>2223</u> Print & Sign Name (Acceptance) J. Mansfield/ <u>JS</u> Other: M. McCoy-Helper Staco P. LaPlaunt-Helper Staco N. Speaker-Proj. Mgr. Staco M. Walkup-WHC W. Thackaberry-WHC QA -----N/A----- -----N/A----- -----N/A-----		
Reference/Measuring Point Ground surface.-----N/A-----							
Start Time <u>0630 Hrs.</u>		Materials Used					
End Time <u>1630 Hrs.</u>		-----N/A-----					
Time <u>---N/A---</u>		-----N/A-----					
Contractor Time <u>---N/A---</u>		-----N/A-----					
Total Time <u>10</u>		-----N/A-----					
Description of Operations/Remarks							
0630-0700: Safety meeting was held by Staco crew. Topics discussed included winter driving hazards. Equipment was started and warmed.-----N/A-----							
0730-0800: Crew traveled to well #699-101-48C.-----N/A-----							
0800-0900: Tripped in hole and drilled from 7' to 18'. HPT's onsite. Personnel and all equipment were surveyed, no contamination found.-----N/A-----							
0900-0915: Set diverter on well. NOTE: W. Thackaberry-WHC onsite doing QA audit.----							
0915-1200: Drilled to 43.0' with 6.5" soft formation mill tooth tricone bit. Unable to put any pulldown on rig due to lack of chains. Tripped out of hole and added one drill collar. Tripped back in hole. Unable to drill passed 43.0'. Tripped out of hole and put on a 5 1/8" tricone bit. Tripped back in hole. Met with refusal again at 43.0'. Metal cuttings were coming out of the hole at this point. Apparently the well screen has a metal cap on the end of it.-----N/A-----							
1200-1400: Set up and started to perforate casing with a 6.0" Holt star wheel----- perforator. The perforator makes 6 cuts per ft. x 1" x 1/4". Perforated lower 20.0' x 1 pass. Hole filled up with fine sand. Able to clean and make one more set of cuts in the lower 20.0'. The sand started coming in the well too fast to perforate.-----N/A---							
1400-1430: Tripped back in well with 5 1/2" tricone bit to 43.0'. Unable to keep hole open, sand is entering well thru perforations. Tripped out of hole.-----N/A-----							
1430-1630: Set up for grouting. Will try to drill back to 43.0' with mud and----- continue perforating through the drilling mud.-----N/A-----							
Report By <u>M.W. Walkup</u>				Reviewed By <u>D.E. SKOGLIE</u>			
Title <u>Engineering Technician</u>				Title <u>SE. ENGINEER</u> Date <u>12/16/94</u>			
Signature <u>[Signature]</u>				Signature <u>[Signature]</u>			

NON-RECORD COPY

A9102-03

FIELD ACTIVITY REPORT - WELL REMEDIATION AND ABANDONMENT						Page <u>1</u> of <u>3</u>	
Date 12/13/94	Well No. 699-101-48C	Rig Type/Model Schram	Rig No. #61	Contract/Work Order No. MBGSWV372778	Start Card No. 32031	Report No. A9102-03	
Purpose Decommissioning of well- Perforate and grout well. -----N/A-----				Reference -----N/A----- -----N/A-----		Location 600 Area -----N/A-----	
Hole Size 7"	Casing Size 6"	Type C.S.	Set At 47.00'		Personnel		
Total Depth 77.0'	N/A"	N/A	N/A		Operator <u>Mansfield</u> Ac No. <u>2223</u> Print & Sign Name (Acceptance) J. Mansfield/ <u>DE</u> Other: M. McCoy-Helper Staco P. LaPlaunt-Helper Staco N. Speaker-Proj. Mgr. Staco M. Walkup-WHC		
Reference/Measuring Point Ground surface.-----N/A-----							
Start Time 0630 Hrs.	Materials Used 10 bags Pure Gold 1 bag cement						
End Time 1630 Hrs.	-----N/A-----		-----N/A-----				
Time ---N/A---	-----N/A-----		-----N/A-----				
Contractor Time ---N/A---	-----N/A-----		-----N/A-----				
Total Time 10	-----N/A-----		-----N/A-----				
Description of Operations/Remarks							
0630-0700: Safety meeting was held by Staco crew. Topics discussed included keeping site clean. Equipment was started and warmed.-----N/A-----							
0700-0800: Mixed Pure Gold grout to be used as drilling mud. Mud weight 10.2----- lbs./gal. Pumped 9.68 cubic ft. in hole. Mixed additional 8.76 cubic ft. of----- grout-mud weight 10.0 lbs./gal. Weight determined by mud balance.-----N/A-----							
0800-0900: Drilled hole to 43.0' with 5 1/2" milltooth medium formation tricone bit, using grout as drilling mud. See attached WHC form for grout mix calculations.-----							
0900-1030: Tripped out of hole and replaced tricone bit with 6" Holt star wheel----- perforator. The perforator makes 6 cuts per ft.x1"x1/4". Perforated casing from----- 41.0' back to ground surface. Four equidistant passes per foot were made. Tripped--- drill rod and perforator out of hole.-----N/A-----							
1030-1200: Topped hole with grout. Mud weight of 10.0 lbs./gal. by mud balance.---- Moved mud tub and rig off of hole. See attached WHC form for grout mix calculations.---							
1200-1300: Excavated to 3.0' below ground surface and cut well casing off. Placed cement cap and 4.0' cement plug in casing. Placed brass locator pin in cement cap and backfilled excavation to ground surface.-----N/A-----							
1300-1630: Well site was cleaned and equipment was cleaned with a high pressure steam cleaner. See attached WHC form "Field Cleaning and/or Decontamination".----- Mobilized some equipment to well #699-54-37B. WHC crew was on the new wellsite----- logging the well.-----N/A-----							
Report By <u>M.W. Walkup</u>				Reviewed By <u>D.E. SKOGLIE</u>			
Title <u>Engineering Technician</u>				Title <u>SE. Engineer</u> Date <u>12/16/94</u>			
Signature <u>[Signature]</u>				Signature <u>[Signature]</u>			



RESOURCE PROTECTION GROUNDWATER WELL STRUCTURE FITNESS FOR USE CHECKLIST		1. Well No. <b>699-101-48C</b>
		Page 1 of 2
2. Has a need for use of the well been identified and documented? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No potential user identified</u>		
3. Is well presently in use? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No use identified</u>		
4. Is casing sealed in accordance with IAW WAC 173-160-075? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No documentation of annular seal</u>		
4a. Natural barriers preserved? <input type="checkbox"/> <u>NA</u> <input type="checkbox"/> <u>Well terminates within top of unconfined aquifer</u>		
4b. Aquifer/strata penetrated permanently sealed? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No seals documented</u>		
4c. Annulus sealed against surface water? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No surface seal documented</u>		
4d. Casing overlap more than 8 ft; packed and grouted? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>		
5. If not in use, is well capped IAW WAC 173-160-085? <input type="checkbox"/> <u>Yes</u> <input type="checkbox"/> <u>Capped and locked</u>		
6. Is design and construction IAW WAC 173-160-500? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No annular seal documented</u>		
6a. Saturated formation/aquifers not connected? <input type="checkbox"/> <u>NA</u> <input type="checkbox"/> <u>Penetrates unconfined aquifer only</u>		
6b. Cuttings/development water handled IAW WAC 173-303? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Drilled before applicable date of WAC 173-303</u>		
6c. Well properly identified? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No permanent identification</u>		
7. Is surface protection IAW WAC 173-160-510? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No surface seal documented</u>		
7a. Well capped and protected? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>		
7b. Protective posts, surface pad or cover installed? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>		
7c. Surface protection waived or variance obtained? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>		
7d. Is existing surface protection damaged? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>		
8. Are casing materials IAW 173-160-520? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>		
9. Was drill rig/drilling equipment cleaned IAW WAC 173-160-530? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>		
9a. Drill rig/equipment casing/screen cleaned? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>		
9b. Filter pack cleaned? Material compatible? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>		
RCRA/CERCLA MONITORING WELL?		
10. Does water sample from vertical screened interval represent horizontal stratigraphy? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>		
10a. Screened interval documented? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>		
10b. Vertical lithology documented? <input type="checkbox"/> <u>Yes</u> <input type="checkbox"/> <u>Has driller's log</u>		

A-6000-451 (06/83)

RESOURCE PROTECTION GROUNDWATER WELL STRUCTURE FITNESS FOR USE CHECKLIST		1. Well No. <u>699-101-48C</u>
		Page 2 of 2
11. Is design and construction IAW WAC 173-160-540?		
( <u>N/A</u> ) Not applicable		
11a. Screen commercially fabricated of material nonreactive to subsurface conditions?		
( <u>N/A</u> ) Not applicable		
11b. If filter pack installed, extends from bottom of screen to at least 3 ft above screen.		
( <u>N/A</u> ) Not applicable		
11c. Well has been developed.		
( <u>N/A</u> ) Not applicable		
11d. Annulus grouted with bentonite or bentonite/cement mixture.		
( <u>N/A</u> ) Not applicable		
12. Does water sample meet established acceptance criteria?		
Sample is less than 5 NTU and sand free.		
( <u>N/A</u> ) Not applicable		
13. Data Sources Used:		
Logs:		
Driller's: <u>Not documented</u>	Date: <u>05/30/43</u>	Company: _____
Geologist: <u>N/A</u>	Date: _____	Company: _____
Geophysical: <u>N/A</u>	Date: _____	Company: _____
Television: <u>N/A</u>	Date: _____	Company: _____
Publications: Title, Author, Date		
<u>HANFORD WELLS, M. A. Chamness and J. K. Merz, August 1993</u>		
Databases:		
<u>WHC Well Services</u>		
Field Check: <u>WHC Well Services</u>	Date: <u>11/03/94</u>	Company: _____
Other:		
_____		
_____		
14. Comments: Identify evaluation criteria addressed by number:		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
15. Status		
Well is acceptable for intended use	( <u>No</u> )	<u>Well lacks seals</u>
Well is acceptable for intended use if variance is granted	( <u>NA</u> )	<u>Not applicable</u>
Rehabilitation required to continue intended use	( <u>No</u> )	<u>Not applicable</u>
Remediation required to achieve intended use	( <u>No</u> )	<u>Well has no identified user</u>
Decommission, well is unneeded or cannot be remediated	( <u>Yes</u> )	<u>Well has no identified need</u>
Other	( _____ )	_____
16. Status Recommendation		
Done By: Name: <u>R. K. Ledgerwood</u>	Title: <u>Principal Scientist</u>	Date: <u>11/16/94</u>

A-8000-451R (06/93)

# GROUNDWATER WELL REMEDIATION/ DECOMMISSIONING CHECKLIST

Page 1 of 2

Project No.: <i>FY95 WELL DECOMMISSIONING</i>	Task No.: <i>RDICA</i>	Well No.: <i>699-101-48C (A 9102)</i>
WORK PLANNING/INITIATION: <input type="checkbox"/> Remediate <input checked="" type="checkbox"/> Decommission	Completion Date or NR	Attachment Number or NA
Evaluation Checklist Approved: WHC-CM-7-7, EII 6.6, "Resource Protection Well Characterization and Evaluation"	<i>11/23/94</i>	<i>WAC-SB-EN-AP-161 ECN #614122</i>
Engineering Specification Issued: WHC-CM-6-1, EP-1.2, "Engineering Specifications"	<i>11/23/94</i>	<i>WHC-SB-EN-AP-122</i>
Letter of Instruction Issued: EII 1.15, "Preparation of SOW/LOI"	<i>NR</i>	<i>NA</i>
Authorization Work Order Issued: WHC-CM-2-5, Section 2.5, "External Work Orders"	<i>NR</i>	<i>NA</i>
Job Safety Analysis Completed: WHC-CM-4-3, Standard A-3, "Prejob Planning" Standard CM-9, "Surface Drilling"	<i>11/15/94</i>	<i>08294</i>
Hazardous Waste Operations Permit Issued: WHC-CM-7-7, EII 2.1, "Preparation of Hazardous Waste Operations Permits"	<i>NR</i>	<i>NA</i>
Cultural Resources Review Completed/Variance Obtained: WHC-CM-7-5, 12.3, "Historical and Archaeological Site Preservation"	<i>11/10/94</i>	<i>95-600-006</i>
Endangered Species Review Completed/Variance Obtained: WHC-CM-7-5, 12.4, "Plant and Wildlife Species on the Hanford Site"	<i>11/03/94</i>	<i>95-600-006</i>
Excavation Permit Obtained: WHC-CM-8-7, Section 503.1, "Excavation Permits"	<i>11/17/94</i>	<i>PHASE I</i>
Radiation Work Permit Obtained: WHC-CM-4-10, Section 8.0, "Radiation Work Requirements and Permits"	<i>NR</i>	<i>NA</i>
ALARA Worksheet Completed WHC-CM-4-11, "ALARA Program Manual"	<i>11/18/94</i>	<i>NA</i>
Start Card Transmitted: WAC 173-160-055, "Well Construction Notification" (Start Card)	<i>11/17/94</i>	<i>32031</i>
Work Schedule Completed: Project management software or equivalent	<i>11/14/94</i>	<i>NA</i>
Retired Area Entry Permit Obtained: WHC-CM-4-3, Standard G-10, "Retired Hanford Facilities"	<i>NR</i>	<i>NA</i>
Training Requirements Completed: WHC-CM-7-7, EII 1.1, "Hazardous Waste Site Entry Requirements"	<i>11/17/94</i>	<i>NA</i>

Comments: *STACO CONTRACT NO: M372778*



APPROVALS: (Print/sign name and date)

*D.E. SKOGLIE David E. Skoglie* *11/23/94*  
Field Team Leader/Drilling Engineer Date

# GROUNDWATER WELL REMEDIATION/ DECOMMISSIONING CHECKLIST

Page 2 of 2

Project No.: <u>FY95-Well Decommissioning</u>	Task No.: <u>RDICA</u>	Well No.: <u>699-101-48C (A9102)</u>
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WORK PERFORMANCE/EVALUATION	Completion Date or NR	Attachment Number or NA
Drilling Rig and Materials Cleaned to Procedures: WHC-CM-7-7, EII 5.4, "Field Decontamination of Drilling, Well Development and Sampling Equipment"	Prejob <u>10/14/94</u> Postjob <u>12/13/94</u>	Field Cleaning / Dur. Environ FAR A9102-03
Material Verifications Completed: Applicable Engineering Specification, No. <u>NA</u> Rev. <u>NA</u> Liner Casing and Centralizers as Specified Cement Grout as Specified (PURE Grout) Appropriate Well Cap as Specified Air-Entrained Concrete for Pad as Specified Material Packaged and Stored as Specified Lubricants and Drilling Aids as Specified	<u>NA</u> <u>12/13/94</u> <u>NR</u> <u>NA</u> <u>NA</u> <u>NR</u>	<u>NA</u> <u>FAR A9102-03</u> <u>NA</u> <u>NA</u> <u>NA</u> <u>NA</u>
Perforations Completed as Specified: Applicable Engineering Specification	<u>12/13/94</u>	<u>FAR A9102-03</u>
Liner and Grout Installed as Specified: Applicable Engineering Specification	<u>NR</u>	<u>NA</u>
Pad/Posthole Excavation Completed: Applicable Engineering Specification	<u>NR</u>	<u>NA</u>
Concrete Pad, Reinforcing Material, and Inset Marker Cap Installed as Specified: Applicable Engineering Specification	<u>NR</u>	<u>NA</u>
Hasp, Locking Well Cap and Lock Installed as Specified: Applicable Engineering Specification	<u>NR</u>	<u>NA</u>
Guard Posts/Metal Sleeve Installed as Specified: Applicable Engineering Specification	<u>NR</u>	<u>NA</u>
Well Identification Stamped and Correct: Applicable Engineering Specification	<u>12/13/94</u>	<u>FAR A9102-03</u>
Well Reports Complete and Submitted to State: WAC 173-160-050, "Records"	<u>01/13/95</u>	<u>9550245</u>
Survey Complete, Survey Report Received and as Specified: Applicable Engineering Specification	<u>NR</u>	<u>NA</u>
Site Restored: Applicable Engineering Specification	<u>12/13/94</u>	<u>FAR A9102-03</u>
Waste Disposal Controlled, WHC-CM-7-7, EII 4.2/EII 4.3 WHC-CM-7-5, 7.3, "Standards for Nonradioactive, Nonhazardous Solid Waste Disposal:	<u>NR</u>	<u>NA</u>
Well Condition Drawing Transmitted: WHC-CM-1-3, MRP 3.8, "Correspondence and Commitment Control:	<u>01/13/95</u>	<u>9550245</u>

Comments: NA

L

APPROVALS: (Print/sign name and date)

 J. E. Skoglund Field Team Leader/Drilling Engineer	<u>01/13/95</u> Date
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(USE ADDITIONAL SHEETS IF NECESSARY)

<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">A9102</div> <div style="display: flex; justify-content: space-between;"> <div> <p><b>FIELD ACTIVITY REPORT -</b> <b>CEMENT CALCULATIONS</b></p> </div> <div style="text-align: right;"> <p>12/10/94 Page <u>1</u> of <u>363</u></p> </div> </div>			
Date <u>12-13-94</u>	Well Number <u>699-101-48C</u>	Continuation of Report No. <u>A9102-03</u>	

**1.0 CEMENT STAGE VOLUME CALCULATIONS**

1.1 Cement Volume - Open Hole/Casing 6.5" ID of casing or diameter of hole, inches = D

42 feet x 0.0408 x 6.5" D<sup>2</sup> = 61.69 Gallons of cement required Set 12/10/94

42 feet x 0.005454 x 6.5" D<sup>2</sup> = 9.68 Cubic feet of cement required Set 12/10/94

1.2 Cement Volume - Annular Spaces

☐ Between Tubing and Hole (D = Hole diameter, inches; d = OD of Tubing, inches)

☐ Between Casing and Hole (D = Hole diameter, inches; d = OD of Casing, inches)

☐ Between Tubing and Casing (D = ID of Casing, inches; d = OD of Tubing, inches)

☐ Between Casings (D = ID of outer Casing, inches; d = OD of inner Casing, inches)

D = \_\_\_\_\_ d = NA n = Number of tubing strings

\_\_\_\_\_ feet x 0.0408 x [ \_\_\_\_\_ D<sup>2</sup> - ( \_\_\_\_\_ d<sup>2</sup> x \_\_\_\_\_ n ) ] = \_\_\_\_\_ Gallons of cement required

\_\_\_\_\_ feet x 0.005454 x [ \_\_\_\_\_ D<sup>2</sup> - ( \_\_\_\_\_ d<sup>2</sup> x \_\_\_\_\_ n ) ] = \_\_\_\_\_ Cubic feet of cement required

**2.0 SLURRY MIX CALCULATIONS**

2.1 Calculate Sacks of Cement Set 12/10/94

Type: 50 lbs/sack: 2.2 ft<sup>3</sup>/sack (mixed): NA

9.68 ft<sup>3</sup> (cement - from 1.0) / 2.2 ft<sup>3</sup>/sack (mixed) = 4.4 sacks

4.4 sacks + .6 sacks excess ( 12 % required ) = 6 Total sacks required Set 12/10/94

2.2 Calculate Mix Water

6 Total sacks cement x 14 gallons water/sack = 84 gallons of mix water required Set 12/10/94

2.3 Calculate Additive Amounts

Type _____	Total sacks x _____	lbs/sack x _____	% = _____	lbs. required
Cement	NA	Cement	Additive	Additive
Type _____	Total sacks x _____	lbs/sack x _____	% = _____	lbs. required
Cement	NA	Cement	Additive	Additive

**3.0 DISPLACEMENT VOLUME CALCULATIONS**

3.1 Balanced Plug Displacement

\_\_\_\_\_ ft. (top of cement) - NA ft. (water level) = \_\_\_\_\_ feet to be displaced

\_\_\_\_\_ ft. (to be displaced) x \_\_\_\_\_ gal/ft. = \_\_\_\_\_ gallons of displacement water required

**4.0 REMARKS**

\* PURE Gold GROUT.

WATER VOLUMES BASED ON PURE Gold SPEC. SHEET

Plug Volume = 1344 GAL/FT<sup>2</sup> = 5.64 GAL

FLUSH volume = 6 GAL.

Report By <u>[Signature]</u> Title <u>Driller</u> Signature <u>John Mansfield</u>	Reviewed By <u>D.E. Skoglie</u> Title <u>SR. Engineer</u> Date <u>12/10/94</u> Signature <u>David E Skoglie</u>
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<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">A 9102</div> <b>FIELD ACTIVITY REPORT - CEMENT CALCULATIONS</b>		Date <u>12-13-94</u> Page <u>2</u> of <u>23</u>
Date <u>12-13-94</u>	Well Number <u>1299-101-48C</u>	Continuation of Report No. <u>A9102-03</u>

**1.0 CEMENT STAGE VOLUME CALCULATIONS**

1.1 Cement Volume - Open Hole/Casing ID of casing or diameter of hole, inches = D

38 43 feet x 0.0408 x 6.5 D<sup>2</sup> = 55.81 Gallons of cement required

38 43 feet x 0.005454 x 6.5 D<sup>2</sup> = 8.76 Cubic feet of cement required

1.2 Cement Volume - Annular Spaces

☐ Between Tubing and Hole (D = Hole diameter, inches; d = OD of Tubing, inches)

☐ Between Casing and Hole (D = Hole diameter, inches; d = OD of Casing, inches)

☐ Between Tubing and Casing (D = ID of Casing, inches; d = OD of Tubing, inches)

☐ Between Casings (D = ID of outer Casing, inches; d = OD of inner Casing, inches)

D = \_\_\_\_\_ d = \_\_\_\_\_ n = Number of tubing strings

\_\_\_\_\_ feet x 0.0408 x [ \_\_\_\_\_ D<sup>2</sup> - ( \_\_\_\_\_ d<sup>2</sup> x \_\_\_\_\_ n ) ] = \_\_\_\_\_ Gallons of cement required

\_\_\_\_\_ feet x 0.005454 x [ \_\_\_\_\_ D<sup>2</sup> - ( \_\_\_\_\_ d<sup>2</sup> x \_\_\_\_\_ n ) ] = \_\_\_\_\_ Cubic feet of cement required

**2.0 SLURRY MIX CALCULATIONS**

2.1 Calculate Sacks of Cement Type: 50 lbs/sack: 2.2 ft<sup>3</sup>/sack (mixed): NA

8.76 ft<sup>3</sup> (cement - from 1.0) / 2.2 ft<sup>3</sup>/sack (mixed) = 3.98 sacks

3.98 sacks + .02 sacks excess ( .005 % required ) = 4 Total sacks required

2.2 Calculate Mix Water

4 Total sacks cement x 14 gallons water/sack = 56 gallons of mix water required

2.3 Calculate Additive Amounts

Type _____	Total sacks x _____	lbs/sack x _____	% = _____	lbs. required
Cement	NA	Cement	Additive	Additive

Type _____	Total sacks x _____	lbs/sack x _____	% = _____	lbs. required
Cement	NA	Cement	Additive	Additive

**3.0 DISPLACEMENT VOLUME CALCULATIONS**

3.1 Balanced Plug Displacement

\_\_\_\_\_ ft. (top of cement) - \_\_\_\_\_ ft. (water level) = \_\_\_\_\_ feet to be displaced

\_\_\_\_\_ ft. (to be displaced) x \_\_\_\_\_ gal/ft. = \_\_\_\_\_ gallons of displacement water required

**4.0 REMARKS**

\* Pure Gold GROUT

Hole was taking Extra GROUT - MIXED ADDITIONAL 8.76 ft<sup>3</sup>

All other data on page 1

Report By <u>JTH</u>	Reviewed By <u>D.E. Skoglie</u>
Title <u>Driller</u>	Title <u>SR. Engineer</u> Date <u>12/16/94</u>
Signature <u>John Mansfield</u>	Signature <u>David E. Skoglie</u>

**B2430 699-41-61A**



# WELL ATTRIBUTES REPORT

FIELD ORDER NO			LAST INSPECTION	1/1/1801
WELL ID	B2430		NORTHING	
WELL NAME	699-41-61A	CONST DATE	EASTING	
HOST WELL ID		CONST DEPTH	ELEVATION	

## MEASUREMENT INFORMATION

	LAST	CURRENT
<b>A</b> DEPTH TO WATER(ft)		
DEPTH TO WATER DATE		
<b>B</b> DEPTH TO BOTTOM(ft)		
DEPTH TO BOTTOM DATE		
<b>C</b> STICK UP(ft)		
<b>D</b> REFERENCE MARK(ft)		
REFERENCE MARK IS TOC	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ND*	<input type="checkbox"/> YES <input type="checkbox"/> NO

## PERFORATION INFORMATION

CASING SIZE	TOP	BOTTOM	CUTS/FT/ROUND

### CHANGES

---



---



---

## CASING INFORMATION

SIZE	TOP	BOTTOM	MATERIAL	TYPE	CONNECTION	THICKNESS

### CHANGES

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## SCREEN INFORMATION

SIZE	TOP	BOTTOM	MATERIAL	TYPE	SLOT SIZE

### CHANGES

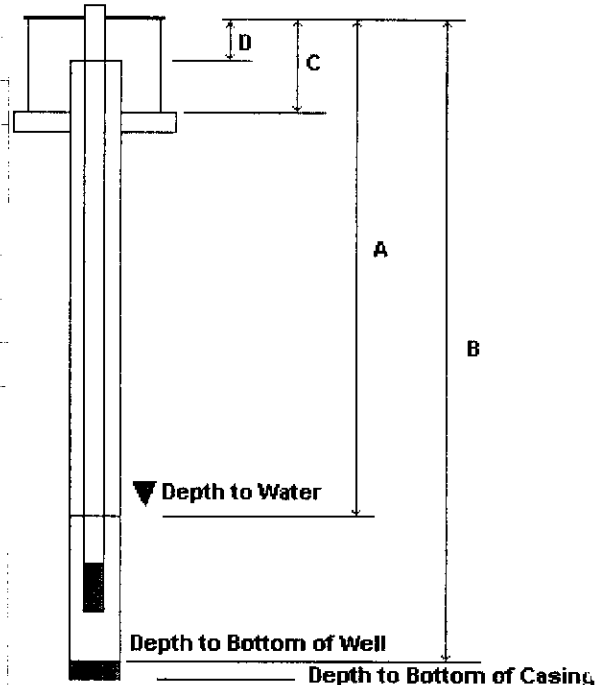
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**A** DEPTH TO WATER FROM TOP OF CASING  
**B** DEPTH TO BOTTOM OF WELL FROM TOP OF CASING  
**C** TOP OF CASING TO GROUND SURFACE/PAD  
**D** TOP OF CASING TO SURVEY REFERENCE MARKER

# WELL ATTRIBUTES REPORT

WELL ORDER NO			LAST INSPECTION	1/1/1801
WELL ID	B2430		NORTHING	
WELL NAME	699-41-61A	CONST DATE	EASTING	
HOST WELL ID		CONST DEPTH	ELEVATION	

LAST INSPECTION INFORMATION					CURRENT INSPECTION INFORMATION				
WELL PAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*		WELL PAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*		BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*		MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*		MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*		WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*		WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*		PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*		REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*		WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*		WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*		WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*		PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
BENTONITE IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*		BENTONITE IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*		WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
SLAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*		COLLAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*		EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*		DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
SURFACE EROSION	<input type="checkbox"/> MAJOR <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input checked="" type="checkbox"/> ND*				SURFACE EROSION	<input type="checkbox"/> MAJOR <input type="checkbox"/> NONE <input type="checkbox"/> MINOR			

LAST PUMP INFORMATION					CURRENT PUMP INFORMATION				
PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED				PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED			
	<input type="checkbox"/> REPLACED		<input checked="" type="checkbox"/> ND*			<input type="checkbox"/> REPLACED			
	<input type="checkbox"/> REMOVED					<input type="checkbox"/> REMOVED			
PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*		PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*		NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
ACTIVITY PERFORMED BY	ND*				ACTIVITY PERFORMED BY				
DATE ACTIVITY PERFORMED					DATE ACTIVITY PERFORMED				
PUMP TYPE	ND*				PUMP TYPE				
PUMP MAKE	ND*				PUMP MAKE				
PUMP MODEL	ND*				PUMP MODEL				
PUMP INTAKE DEPTH (ft)					PUMP INTAKE DEPTH (ft)				
TUBING SIZE (in)					TUBING SIZE (in)				
TUBING MATERIAL	ND*				TUBING MATERIAL				
TUBING LENGTH (ft)					TUBING LENGTH (ft)				
TUBING CONNECTION	ND*				TUBING CONNECTION				

Query HWIS again

**HWIS Interface - Well History Information - Decommissioning**

WELL_ID	WELL_NAME	DECOMMISSIONED_DATE	COMMENTS	SOURCE	DATE_OF_SOURCE
B2430	699-41-61A	10/29/1994	DECOMMISSIONED		

B2431 699-41-61B

# WELL ATTRIBUTES REPORT

WELL ORDER NO		LAST INSPECTION	1/1/1801
WELL ID	B2431	NORTHING	
WELL NAME	699-41-61B	EASTING	
HOST WELL ID		ELEVATION	
	CONST DATE		
	CONST DEPTH		

LAST INSPECTION INFORMATION				CURRENT INSPECTION INFORMATION			
WELL PAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL PAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
BENTONITE IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	BENTONITE IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
COLLAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	COLLAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
SURFACE EROSION	<input type="checkbox"/> MAJOR <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input checked="" type="checkbox"/> ND*			SURFACE EROSION	<input type="checkbox"/> MAJOR <input type="checkbox"/> NONE <input type="checkbox"/> MINOR		

LAST PUMP INFORMATION				CURRENT PUMP INFORMATION			
PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED	<input type="checkbox"/> REPLACED	<input checked="" type="checkbox"/> ND*	PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED	<input type="checkbox"/> REPLACED	<input type="checkbox"/> REMOVED
	<input type="checkbox"/> REMOVED				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
ACTIVITY PERFORMED BY	ND*			ACTIVITY PERFORMED BY			
DATE ACTIVITY PERFORMED				DATE ACTIVITY PERFORMED			
PUMP TYPE	ND*			PUMP TYPE			
PUMP MAKE	ND*			PUMP MAKE			
PUMP MODEL	ND*			PUMP MODEL			
PUMP INTAKE DEPTH (ft)				PUMP INTAKE DEPTH (ft)			
TUBING SIZE (in)				TUBING SIZE (in)			
TUBING MATERIAL	ND*			TUBING MATERIAL			
TUBING LENGTH (ft)				TUBING LENGTH (ft)			
TUBING CONNECTION	ND*			TUBING CONNECTION			

ND\* - Not Documented

6/15/2005

# WELL ATTRIBUTES REPORT

FIELD ORDER NO			LAST INSPECTION	1/1/1801
WELL ID	B2431		NORTHING	
WELL NAME	699-41-61B	CONST DATE	EASTING	
HOST WELL ID		CONST DEPTH	ELEVATION	

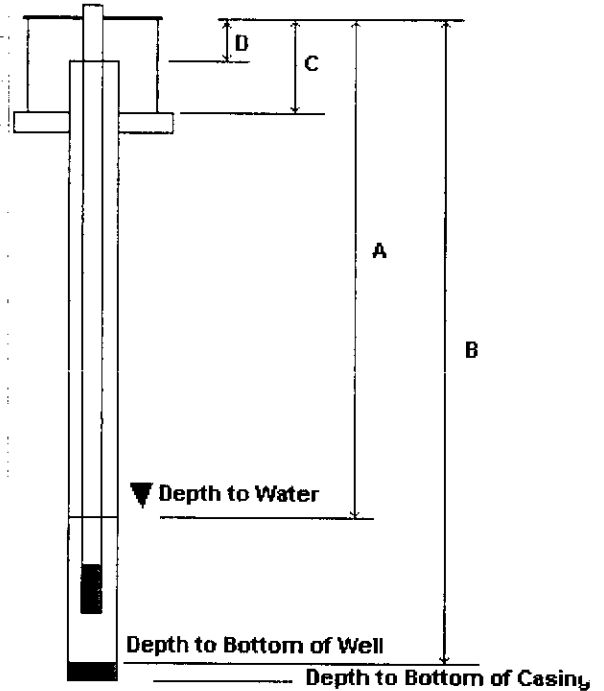
## MEASUREMENT INFORMATION

	LAST	CURRENT
<b>A</b> DEPTH TO WATER(ft)		
DEPTH TO WATER DATE		
<b>B</b> DEPTH TO BOTTOM(ft)		
DEPTH TO BOTTOM DATE		
<b>C</b> STICK UP(ft)		
<b>D</b> REFERENCE MARK(ft)		
REFERENCE MARK IS TOC	YES NO <input checked="" type="checkbox"/> ND*	YES NO

## PERFORATION INFORMATION

CASING SIZE	TOP	BOTTOM	CUTS/FT/ROUND
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## CHANGES



A DEPTH TO WATER FROM TOP OF CASING  
 B DEPTH TO BOTTOM OF WELL FROM TOP OF CASING  
 C TOP OF CASING TO GROUND SURFACE/PAD  
 D TOP OF CASING TO SURVEY REFERENCE MARKER

## CASING INFORMATION

SIZE	TOP	BOTTOM	MATERIAL	TYPE	CONNECTION	THICKNESS
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## CHANGES

## SCREEN INFORMATION

SIZE	TOP	BOTTOM	MATERIAL	TYPE	SLOT SIZE
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## CHANGES

Query HWIS again

**HWIS Interface - Well History Information - Decommissioning**

WELL_ID	WELL_NAME	DECOMMISSIONED_DATE	COMMENTS	SOURCE	DATE_OF_SOURCE
B2431	699-41-61B	11/04/1994	DECOMMISSIONED		

B2432 699-41-61C



# WELL ATTRIBUTES REPORT

<b>LD ORDER NO</b>		<b>LAST INSPECTION</b>	1/1/1801
<b>WELL ID</b>	B2432	<b>NORTHING</b>	
<b>WELL NAME</b>	699-41-61C	<b>EASTING</b>	
<b>HOST WELL ID</b>		<b>ELEVATION</b>	
	<b>CONST DATE</b>		
	<b>CONST DEPTH</b>		

LAST INSPECTION INFORMATION				CURRENT INSPECTION INFORMATION			
WELL PAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL PAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
BENTONITE IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	BENTONITE IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
COLLAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	COLLAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
SURFACE EROSION	<input type="checkbox"/> MAJOR	<input type="checkbox"/> NONE	<input checked="" type="checkbox"/> MINOR	SURFACE EROSION	<input type="checkbox"/> MAJOR	<input type="checkbox"/> NONE	<input type="checkbox"/> MINOR

LAST PUMP INFORMATION				CURRENT PUMP INFORMATION			
PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED	<input type="checkbox"/> REPLACED	<input checked="" type="checkbox"/> REMOVED	PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED	<input type="checkbox"/> REPLACED	<input type="checkbox"/> REMOVED
PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
ACTIVITY PERFORMED BY	ND*			ACTIVITY PERFORMED BY			
DATE ACTIVITY PERFORMED				DATE ACTIVITY PERFORMED			
PUMP TYPE	ND*			PUMP TYPE			
PUMP MAKE	ND*			PUMP MAKE			
PUMP MODEL	ND*			PUMP MODEL			
PUMP INTAKE DEPTH (ft)				PUMP INTAKE DEPTH (ft)			
TUBING SIZE (in)				TUBING SIZE (in)			
TUBING MATERIAL	ND*			TUBING MATERIAL			
TUBING LENGTH (ft)				TUBING LENGTH (ft)			
TUBING CONNECTION	ND*			TUBING CONNECTION			

ND\* - Not Documented

6/15/2005

# WELL ATTRIBUTES REPORT

FIELD ORDER NO		LAST INSPECTION	1/1/1801
WELL ID	B2432	NORTHING	
WELL NAME	699-41-61C	EASTING	
HOST WELL ID		ELEVATION	
CONST DATE			
CONST DEPTH			

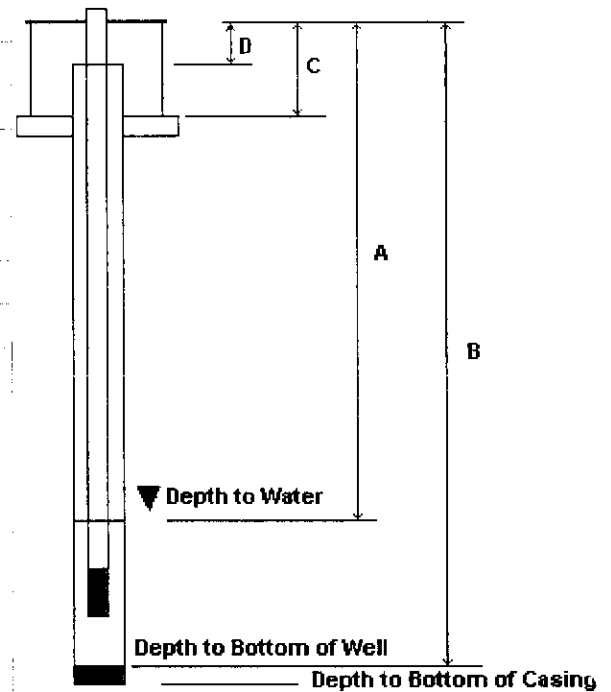
## MEASUREMENT INFORMATION

	LAST	CURRENT
<b>A</b> DEPTH TO WATER(ft)		
DEPTH TO WATER DATE		
<b>B</b> DEPTH TO BOTTOM(ft)		
DEPTH TO BOTTOM DATE		
<b>C</b> STICK UP(ft)		
<b>D</b> REFERENCE MARK(ft)		
REFERENCE MARK IS TOC	YES	NO <input checked="" type="checkbox"/> ND* YES NO

## PERFORATION INFORMATION

CASING SIZE	TOP	BOTTOM CUTS/FT/ROUND
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### CHANGES



A DEPTH TO WATER FROM TOP OF CASING  
 B DEPTH TO BOTTOM OF WELL FROM TOP OF CASING  
 C TOP OF CASING TO GROUND SURFACE/PAD  
 D TOP OF CASING TO SURVEY REFERENCE MARKER

## CASING INFORMATION

SIZE	TOP	BOTTOM	MATERIAL	TYPE	CONNECTION	THICKNESS

### CHANGES

## SCREEN INFORMATION

SIZE	TOP	BOTTOM	MATERIAL	TYPE	SLOT SIZE

### CHANGES

Query HWIS again

**HWIS Interface - Well History Information - Decommissioning**

WELL_ID	WELL_NAME	DECOMMISSIONED_DATE	COMMENTS	SOURCE	DATE_OF_SOURCE
B2432	699-41-61C	11/08/1994	DECOMMISSIONED		

**A8991 699-80-39B**

# WELL ATTRIBUTES REPORT

**WELL ORDER NO**  
**WELL ID** A8991  
**WELL NAME** 699-80-39B  
**HOST WELL ID**

**CONST DATE**  
**CONST DEPTH**

**LAST INSPECTION** 1/1/1801  
**NORTHING** 147763.27  
**EASTING** 578418.39  
**ELEVATION** 124.365

LAST INSPECTION INFORMATION				CURRENT INSPECTION INFORMATION			
WELL PAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL PAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
BENTONITE IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	BENTONITE IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
COLLAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	COLLAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
SURFACE EROSION	<input type="checkbox"/> MAJOR	<input type="checkbox"/> NONE	<input checked="" type="checkbox"/> MINOR	SURFACE EROSION	<input type="checkbox"/> MAJOR	<input type="checkbox"/> NONE	<input type="checkbox"/> MINOR
LAST PUMP INFORMATION				CURRENT PUMP INFORMATION			
PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED <input type="checkbox"/> REPLACED <input checked="" type="checkbox"/> ND* <input type="checkbox"/> REMOVED			PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED <input type="checkbox"/> REPLACED <input type="checkbox"/> REMOVED		
PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
ACTIVITY PERFORMED BY	ND*			ACTIVITY PERFORMED BY			
DATE ACTIVITY PERFORMED				DATE ACTIVITY PERFORMED			
PUMP TYPE	ND*			PUMP TYPE			
PUMP MAKE	ND*			PUMP MAKE			
PUMP MODEL	ND*			PUMP MODEL			
PUMP INTAKE DEPTH (ft)				PUMP INTAKE DEPTH (ft)			
TUBING SIZE (in)				TUBING SIZE (in)			
TUBING MATERIAL	ND*			TUBING MATERIAL			
TUBING LENGTH (ft)				TUBING LENGTH (ft)			
TUBING CONNECTION	ND*			TUBING CONNECTION			

ND\* - Not Documented

6/15/2005

# WELL ATTRIBUTES REPORT

**FIELD ORDER NO**  
**WELL ID** A8991  
**WELL NAME** 699-80-39B  
**HOST WELL ID**

**CONST DATE**  
**CONST DEPTH**

**LAST INSPECTION** 1/1/1801  
**NORTHING** 147763.27  
**EASTING** 578418.39  
**ELEVATION** 124.365

## MEASUREMENT INFORMATION

	LAST	CURRENT
<b>A</b> DEPTH TO WATER(ft)		
DEPTH TO WATER DATE		
<b>B</b> DEPTH TO BOTTOM(ft) 53		
DEPTH TO BOTTOM DATE		
<b>C</b> STICK UP(ft)		
<b>D</b> REFERENCE MARK(ft)		
REFERENCE MARK IS TOC	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ND*	<input type="checkbox"/> YES <input type="checkbox"/> NO

## PERFORATION INFORMATION

CASING SIZE	TOP	BOTTOM	CUTS/FT/ROUND

## CHANGES

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## CASING INFORMATION

SIZE	TOP	BOTTOM	MATERIAL	TYPE	CONNECTION	THICKNESS

## CHANGES

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## SCREEN INFORMATION

SIZE	TOP	BOTTOM	MATERIAL	TYPE	SLOT SIZE

## CHANGES

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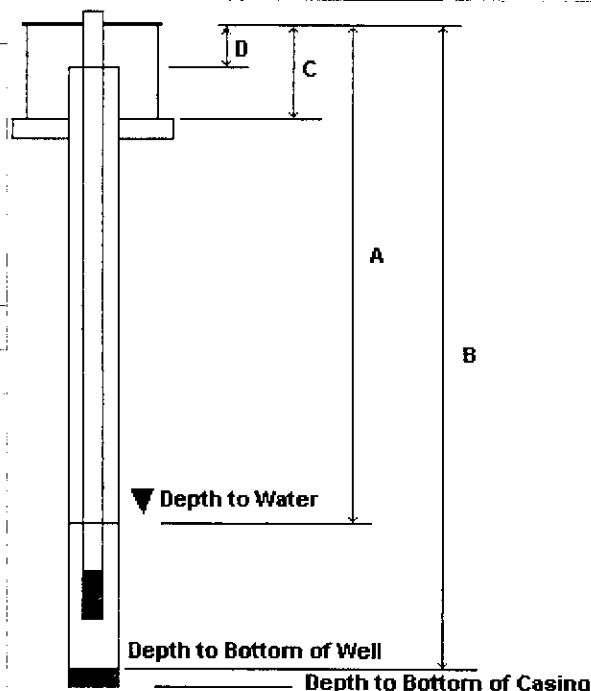
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**A** DEPTH TO WATER FROM TOP OF CASING  
**B** DEPTH TO BOTTOM OF WELL FROM TOP OF CASING  
**C** TOP OF CASING TO GROUND SURFACE/PAD  
**D** TOP OF CASING TO SURVEY REFERENCE MARKER

WESTINGHOUSE HANFORD COMPANY		EXCAVATION PERMIT																												
1. Work Package No. RDICA	2. W.O./Project No. FY95 WELL DECOMMISSIONING	3. Location of Excavation WELLS 699-49-111, -52-117, -52-118, -54-378, -63-89, -101-48C.																												
4. Originated By D.E. SKOGLIE		Date 10/28/94	5. Engineering Change Notice (ECN) N/A																											
6. Drawings Required (Identification Numbers) N/A		7. Other Affected Drawings or Documents WELL DECOMMISSIONING PLANNED FOR FIRST QUARTER FISCAL YEAR 1995 BY WHC WELL SERVICES																												
8. Description of Work DECOMMISSION WELLS PER FITNESS FOR USE CHECKLIST AND WASHINGTON ADMINISTRATIVE CODES (WAC-173-160). WORK WILL BE DOCUMENTED ON FIELD ACTIVITY REPORTS.																														
9. Special Instructions or Comments (Including Safety Requirements found in WHC-CM-4-3, CM-8) WORK WILL BE CONDUCTED PER AN APPLICABLE JOB HAZARD ANALYSIS.																														
10. Excavation Requirements Planning Checklist (Check appropriate blocks to determine supplemental approvals)																														
<p><u>Will the excavation work:</u></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 5%;">Yes</td> <td style="width: 5%;">No</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>limit access, pedestrian or vehicle, to or from any area or building? (If yes, Occupational Health and Safety approval required.) Block 17</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>be within 25 feet of the center line of the railroad track? (If yes, Track Maintenance approval required.) Block 18</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>be within the 600 Area? (If yes, 600 Area Landlord approval required.) Block 19</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>be under or immediately adjacent to any high voltage line or switching equipment? (If yes, Electrical Utilities approval required.) Block 20</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>be within or immediately adjacent to the boundaries of a security barrier or will uncover a security system for maintenance or modification? (If yes, Safeguards and Security approval required.) Block 21</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>be performed over, under, or immediately adjacent to any steam, sewer, or water utility lines? (If yes, Steam/Water Utilities approval required.) Block 22</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>be performed in the vicinity of telecommunication lines? (If yes, IRM Plant Telephone approval required.) Block 23</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>be performed in areas other than existing utilities, buildings, water sites, and those required to remove existing surplus facilities? (If yes, Site Planning approval required.) Block 24</td> </tr> </table>				Yes	No		<input type="checkbox"/>	<input checked="" type="checkbox"/>	limit access, pedestrian or vehicle, to or from any area or building? (If yes, Occupational Health and Safety approval required.) Block 17	<input type="checkbox"/>	<input checked="" type="checkbox"/>	be within 25 feet of the center line of the railroad track? (If yes, Track Maintenance approval required.) Block 18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	be within the 600 Area? (If yes, 600 Area Landlord approval required.) Block 19	<input type="checkbox"/>	<input checked="" type="checkbox"/>	be under or immediately adjacent to any high voltage line or switching equipment? (If yes, Electrical Utilities approval required.) Block 20	<input type="checkbox"/>	<input checked="" type="checkbox"/>	be within or immediately adjacent to the boundaries of a security barrier or will uncover a security system for maintenance or modification? (If yes, Safeguards and Security approval required.) Block 21	<input type="checkbox"/>	<input checked="" type="checkbox"/>	be performed over, under, or immediately adjacent to any steam, sewer, or water utility lines? (If yes, Steam/Water Utilities approval required.) Block 22	<input type="checkbox"/>	<input checked="" type="checkbox"/>	be performed in the vicinity of telecommunication lines? (If yes, IRM Plant Telephone approval required.) Block 23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	be performed in areas other than existing utilities, buildings, water sites, and those required to remove existing surplus facilities? (If yes, Site Planning approval required.) Block 24
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11. List Facilities, Services, and Utilities affected by Excavation SUBJECT WELLS WILL BE DECOMMISSIONED PER WAC CODES.		SUPPLEMENTAL APPROVALS																												
12. Cultural Resources Review (all Packages) HCRC 95-600-006 (PARTS 1 & 2) DE Skoglie for Beth Crist telecon 11/16/94 13:30		17. Occupational Health & Safety David D. Alex 16 Nov 94																												
13. Occupational Health & Safety (for W.O./Project Packages only) N/A		18. Track Maintenance N/A																												
14. Environmental Assurance (for W.O./Project Packages only) S.M. McKinney 11-17-94		19. 600 Area Landlord N/A																												
15. Cognizant Engineer (for W.O./Project Packages only) David E. Skoglie 11/16/94		20. Electrical Utilities N/A																												
16. Facility/Plant Manager (for W.O./Project Packages only) N/A		21. Safeguards and Security N/A																												
		22. Steam/Water Utilities N/A																												
		23. IRM Plant Telephone (24 hours prior to start) N/A																												
		24. Site Planning DE Skoglie for Ed Yancy telecon 11/16/94 14:07																												


**Battelle**

Pacific Northwest Laboratories  
 Battelle Boulevard  
 P.O. Box 999  
 Richland, Washington 99352  
 Telephone (509) 376-5345

November 3, 1994



Dave Skoglie  
 Westinghouse Hanford Company  
 P. O. Box 1970, MSIN N3-05  
 Richland, WA 99352

Dear Mr. Skoglie:

BIOLOGICAL REVIEW OF THE FY95 DECOMMISSIONING OF 13 WELLS ON THE  
 HANFORD SITE PROJECT, 600 Area, #95-600-006

**Project Description:**

- decommissioning of 13 wells across the Hanford site. Area of disturbance will be approximately 150 feet by 150 feet (45 m x 45 m) at each well site.

**Objectives:**

- to identify plant and animal species protected under the Endangered Species Act (ESA), candidates for such protection, and species listed as threatened, endangered, candidate, sensitive, or monitor by the state of Washington, and species protected under the Migratory Bird Treaty Act,
- to evaluate the potential impacts of disturbance on priority habitats and protected plant and animal species identified in the survey.

**Methods:**

- pedestrian and ocular reconnaissance of the proposed site was conducted by R. Zufelt, and G. Fortner on Nov. 1, 1994.
- the Braun-Blanquet cover-abundance scale (Bonham 1989) was used to determine percent cover of dominant vegetation.

**Results and Conclusions:**

- no plant and animal species protected under the ESA, candidates for such protection, or species listed by the Washington state government were observed in the vicinity of the proposed sites,
- vegetative habitat at well site 699-49-111 (Enyeart) consists primarily of Russian thistle (*Salsola kali*) 10% cover, cheatgrass (*Bromus tectorum*) 5% cover, and whitetop (*Cardaria draba*) 2% cover in the vicinity,
- vegetative habitat at well site 699-80-39B consists primarily of Russian thistle (*Salsola kali*) 10% cover, cheatgrass (*Bromus tectorum*) 5% cover, however, no well was in evidence at this site,
- vegetative habitat at well site 699-54-37B consists primarily of big sagebrush (*Artemisia tridentata*) 10% cover, cheatgrass (*Bromus tectorum*) 5% cover, Sandberg's bluegrass (*Poa sandbergii*) 5% cover, and Russian thistle (*Salsola kali*) 2% cover in the vicinity,





- vegetative habitat at well sites 699-52-117 (Brown) and 699-53-114 (O'Brian) consists primarily of cheatgrass (*Bromus tectorum*) 15% cover, Russian thistle (*Salsola kali*) 5% cover, however, the well 699-52-117 (Brown) was not in evidence. There was indication of possible underground pipes leading from this well site into the St. Michelle vineyards, A8846
- vegetative habitat at well sites 699-80-43P, 699-80-43Q, and 699-80-43R consists primarily of cheatgrass (*Bromus tectorum*) 25% cover, gray rabbitbrush (*Chrysothamnus nauseosus*) 10% cover, sand dropseed (*Sporobolus cryptandrus*) 10% cover, cheatgrass (*Bromus tectorum*) 5% cover, and Russian thistle (*Salsola kali*) 2% cover, A8846 A8852 A8844 A8845
- vegetative habitat at well sites 101-48A, 101-48C, consists primarily of cheatgrass (*Bromus tectorum*) 25% cover, sand dropseed (*Sporobolus cryptandrus*) 10% cover, and tumble knapweed (*Centaurea diffusa*) 5% cover,
- vegetative habitat at well sites 63-89 and 699-53-111A (Ford) consists primarily of cheatgrass (*Bromus tectorum*) 25% cover, gray rabbitbrush (*Chrysothamnus nauseosus*) 10% cover, Sandberg's bluegrass (*Poa sandbergii*) 5% cover, and Russian thistle (*Salsola kali*) 2% cover,
- well site 699-52-118 (Lemke) was not in evidence. The site for this well would have been inside the St. Michelle vineyards, A8847
- no migratory bird species were observed nesting in the vicinity of the proposed site,
- no adverse impacts to species of concern are expected to occur from the proposed action.

Sincerely,



CA Brandt, Ph.D.  
Project Manager  
Ecological Compliance Assessment

CAB:gll





Westinghouse  
Hanford Company

P.O. Box 1970 Richland, WA 99352

April 17, 1996

9651783

Mr. S. Leja, Hydrogeologist  
State of Washington  
Department of Ecology  
1315 West Fourth Avenue  
Kennewick, Washington 99336

Dear Mr. Leja:

WELL DECOMMISSIONING COMPLETION REPORTS

Enclosed please find the Water Well Reports for the completion of decommissioning of the following wells:

199-F2-1; 199-F2-2; 699-S24-19B; 699-81-47; 699-83-36F; 699-97-47;  
699-80-39B; 699-83-36B; 699-83-36C; 699-83-36D; 699-83-36E; 699-83-36;  
699-50-28D; 699-84-61B; 699-96-52; 699-54-18E; 199-B4-2; 199-B4-3;  
699-1B-92-01 through 699-1B-92-24; 699-80-62; 699-97-51B; 199-K-25;  
699-49-12A; 699-49-12B; 699-43-41C; 699-43-42D; 699-43-42H; 699-43-42;  
699-43-42C; 699-43-41D; 699-43-42F; 699-43-42G; 699-43-42E; 699-43-42A; and  
699-43-42B.

Included in this documentation package is the final as-built with a description of the decommissioning process.

Should you have any questions, please contact Mr. D. E. Skoglie of my staff at (509) 373-7496.

Very truly yours,

M. G. Gardner, Manager  
Well Services  
Hanford Technical Services

daf

Attachment

BHI - A. J. Knepp (w/o attachment)

PNL - S. P. Luttrell (w/o attachment)



# WELL CONSTRUCTION AND COMPLETION SUMMARY

Drilling Method: <u>Dug Well</u>	Sample Method: <u>Not documented</u>	WELL NUMBER: <u>699-80-398</u> <u>A8991</u> TEMPORARY White Bluffs
Drilling Fluid Used: <u>Not documented</u>	Additives Used: <u>Not documented</u>	WELL NO: <u>Durand #1</u>
Driller's Name: <u>Not documented</u>	WA State Lic Nr: <u>Not documented</u>	Hanford
Drilling Company: <u>Durand and Son</u>	Company Location: <u>Not documented</u>	Coordinates: N/S <u>N 79.851</u> E/W <u>W 38.500</u>
Date Started: <u>Jan44</u>	Date Complete: <u>Feb44</u>	State Coordinates: N <u>485,144</u> E <u>2,256,532</u>
		Start Card #: <u>Not documented</u> T <u>14N</u> R <u>27E</u> S <u>31G1</u>
		Elevation Ground surface: <u>402.0-ft Estimated</u>

Depth to water: 16.0-ft 03Feb44  
(Ground surface) Dry 30May95

GENERALIZED Driller's  
STRATIGRAPHY Log

Borehole  
Decommissioned

Not documented

Decommissioning Activities:

- [1] Established depth to bottom, cleaned out
- [2] Placed bentonite crumbles from 14-ft back to 3-ft
- [3] Placed cement cap, 0-3-ft. set brass marker

Completed: 09/26/95

Elevation of reference point: [402.00-ft]  
(top of structure)  
Height of reference point above [0.0-ft]  
ground surface

Depth of surface seal [ND±]  
No surface seal documented:

4.0-ft x 4.0-ft Wood lined structure: [0=14.0-ft]

Depth to bottom: [14.0-ft]  
30May95

Drawing By: TJU/6N80W398.ASB  
Date: 06Mar96  
Reference: HANFORD WELLS

# SUMMARY OF CONSTRUCTION DATA AND FIELD OBSERVATIONS RESOURCE PROTECTION WELL - 699-80-39B

WELL DESIGNATION	:	699-80-39B
RCRA FACILITY	:	Not applicable
CERCLA UNIT	:	Not applicable
HANFORD COORDINATES	:	N 79 851 W 38,500 [HANFORD WELLS]
LAMBERT COORDINATES	:	N 485,144 E 2,256,532 [HANCONV]
DATE DRILLED	:	Feb44
DEPTH DRILLED (GS)	:	16.0-ft+
MEASURED DEPTH (GS)	:	14.0-ft
DEPTH TO WATER (GS)	:	16.0-ft, 03Feb44, Dry 30May95
CASING DIAMETER	:	4.0-ft x 4.0-ft wood structure
ELEV TOP CASING	:	402.00-ft [HANFORD WELLS]
ELEV GROUND SURFACE	:	402.0-ft, Estimated
PERFORATED INTERVAL	:	Not documented
SCREENED INTERVAL	:	Not applicable
COMMENTS	:	FIELD INSPECTION, 30May95 4.0-ft x 4.0-ft wood lined structure, open at top, no posts, no permanent identification. Extreme safety hazard OTHER: Borehole Decommissioned by WMC Well Services: 09/26/95
AVAILABLE LOGS	:	Driller
TV SCAN COMMENTS	:	Not applicable
DATE EVALUATED	:	Not applicable
EVAL RECOMMENDATION	:	Decommission
LISTED USE	:	Probable water supply well
CURRENT USER	:	None documented
PUMP TYPE	:	None
MAINTENANCE	:	Borehole Decommissioned





# NON-RECORD COPY

## DAILY DRILLING REPORT

220 Academy St., Mt. Angel, OR 97362  
1-800-45-STACO • FAX 845-8274

### WELL SERVICES

No 11010

Staco Job #	945	Day of Week	Tuesday	Date	9-26-95
Drilling Company	STACO	Consulting Firm	EY 95	Well#	A 8991 699-80-398
Site	600 Area	County	Benton	Rig #	61
From	To	State			
		W.G.			
06:00	06:30	Safety meeting - Employee safety responsibilities.			
06:30		Drive to site. Site assessment. Natalie Cadoret on site to document and photo well.			
08:30	08:30	Place bentonite crumbles from 14' up to 3' from gc			
	10:15	well measures 3.5' x 3.5' 151 Bags used.			
10:15		Set up and mix cement with 4% bentonite 12mp from 3' Tgc Mud weight checked with mud scales			
	11:00	14.1 lbs/gal			
11:00	12:00	Clean equipment, tools and site. Set brass markers.			
12:00		Drive to well # 699-97-47 and unload equipment and remaining materials.			
	13:15				

MATERIALS RECORD		Locking Caps		TIME RECORD	
Cement	20 Bags	Bullards		Rigtime	10 level
Pure Gold		Protective Cover	diam. quan.	Drilling	level
Hole Plug		Flush Mount	diam. quan.	Completion	level
Bentonite Powder	1 - 100 lb bag	Temp Casing	diam. feet	Decon	level
Crumbles		Threaded Casing	diam. feet	Moving	level
Sand		Drive Shoe	diam. feet	Development	level
Pellets		Perm Casing	diam. feet	Site Prep	level
RediMix		4 x 4 Concrete Pad		Standby 1st 2 hrs.	level
D.O.T. Drums		EQUIPMENT RENTALS		Standby after 2 hrs.	level
		Decon Equip.		Samples	level
P.V.C. Well	diam. sch.	Generator		Pump Hoist	level
		Compressor		Crane Truck	level
S.S. Well	diam. sch.	Water Truck	✓	Abandonment	level
2.5' Blank		Vac. Truck		Down Hole Casing Cut	
5' Blank		Winch Truck		Extra man hours	level
10' Blank		Forklift	✓	Perdiem	yes
20' Blank		Backhoe		Travel Time	
5' Screen		Cuttings Tank		Driller	Terry McCoy
10' Screen		Sub. Test Pump		Assistants	Terry Baker
20' Screen		OTHER		Consultant	Nancy Speaker
Centralizers		Grout Plant		Shift Start	06:00
End Plug				Shift End	16:00
Slip Caps				Total Hours	10

**WELL SERVICES INC.**

**NON-RECORD COPY**

Nº. 11010

[illegible]



## WHC-SD-EN-AP-161, Rev 0, Appendix F

<b>RESOURCE PROTECTION GROUNDWATER WELL STRUCTURE FITNESS FOR USE CHECKLIST</b>	1. Well No. <u>699-80-39 B</u>
Page 1 of 2	

2. Has a need for use of the well been identified and documented?  
☐ No ; No potential user identified
3. Is well presently in use?  
☐ No ; No use identified
4. Is casing sealed in accordance with IAW WAC 173-160-075?  
☐ No ; No documented annular seal
- 4a. Natural barriers preserved?  
☐ No ; Well terminates within upper sediments
- 4b. Aquifer/strata penetrated permanently sealed?  
☐ No ; No seals documented
- 4c. Annulus sealed against surface water?  
☐ No ; No surface seal documented
- 4d. Casing overlap more than 8 ft; packed and grouted?  
☐ N/A ; Not applicable
5. If not in use, is well capped IAW WAC 173-160-085?  
☐ No ; Open top pit
6. Is design and construction IAW WAC 173-160-500?  
☐ No ; No annular seal
- 6a. Saturated formation/aquifers not connected?  
☐ N/A ; Not applicable
- 6b. Cuttings/development water handled IAW WAC 173-303?  
☐ N/A ; Not applicable
- 6c. Well properly identified?  
☐ No ; No permanent identification
7. Is surface protection IAW WAC 173-160-510?  
☐ No ; No surface seal documented
- 7a. Well capped and protected?  
☐ No ; Open at top
- 7b. Protective posts, surface pad or cover installed?  
☐ No ; No posts or pad
- 7c. Surface protection waived or variance obtained?  
☐ N/A ; Not applicable
- 7d. Is existing surface protection damaged?  
☐ N/A ; Not applicable
8. Are casing materials IAW 173-160-520?  
☐ N/A ; Not applicable
9. Was drill rig/drilling equipment cleaned IAW WAC 173-160-530?  
☐ N/A ; Not applicable
- 9a. Drill rig/equipment casing/screen cleaned?  
☐ N/A ; Not applicable
- 9b. Filter pack cleaned? Material compatible?  
☐ N/A ; Not applicable

**RCRA/CERCLA MONITORING WELL?**

10. Does water sample from vertical screened interval represent horizontal stratigraphy?  
☐ N/A ; Not applicable
- 10a. Screened interval documented?  
☐ N/A ; Not applicable
- 10b. Vertical lithology documented?  
☐ No ; Not Documented





## WHC-SD-EN-AP-161, Rev 0, Appendix F

<b>RESOURCE PROTECTION GROUNDWATER WELL STRUCTURE FITNESS FOR USE CHECKLIST</b>		1. Well No. <b>699-80-39B</b>
		Page 2 of 2
11. Is design and construction IAW WAC 173-180-540?		
( <u>N/A</u> ) <u>Not applicable</u>		
11a. Screen commercially fabricated of material nonreactive to subsurface conditions?		
( <u>N/A</u> ) <u>Not applicable</u>		
11b. If filter pack installed, extends from bottom of screen to at least 3 ft above screen.		
( <u>N/A</u> ) <u>Not applicable</u>		
11c. Well has been developed.		
( <u>N/A</u> ) <u>Not applicable</u>		
11d. Annulus grouted with bentonite or bentonite/cement mixture.		
( <u>N/A</u> ) <u>Not applicable</u>		
12. Does water sample meet established acceptance criteria? Sample is less than 5 NTU and sand free.		
( <u>N/A</u> ) <u>Not applicable</u>		
13. Data Sources Used:		
Logs:		
Driller's: _____	Date: _____	Company: _____
Geologist: _____	Date: _____	Company: _____
Geophysicist: _____	Date: _____	Company: _____
Television: _____	Date: _____	Company: _____
Publications: Title, Author, Date		
<u>HANFORD WELLS, M. A. Chamness and J. K. Merz, August 1993</u>		
Databases:		
<u>WHC Well Services</u>		
Field Check: <u>Well Services</u>	Date: <u>05/30/95</u>	Company: <u>WHC</u>
Other:		
_____		
_____		
14. Comments: Identify evaluation criteria addressed by number:		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
15. Status		
Well is acceptable for intended use	( <u>No</u> )	<u>Well lacks seals</u>
Well is acceptable for intended use if variance is granted	( <u>N/A</u> )	<u>Not applicable</u>
Rehabilitation required to continue intended use	( <u>No</u> )	<u>Not applicable</u>
Remediation required to achieve intended use	( <u>No</u> )	<u>Well has no identified user</u>
Decommission, well is unneeded or cannot be remediated	( <u>Yes</u> )	<u>well has no identified need</u>
Other <u>Extreme safety hazard</u>	( _____ )	_____
16. Status Recommendation		
Done By: Name: <u>T. J. Wood</u>	Title: <u>Senior Engineer</u>	Date: <u>06/30/95</u>

<b>KAISER ENGINEERS HANFORD</b>		<b>SURVEY DATA REPORT</b>		Request No. 951-077	
Project/W.O. No. —		Title WELL DECOMMISSION SURVEY		File No. 699-N8W3	
KEH Job No. E64649		Prepared By N.P. Fastabend		Date 01/11/95	
				Reviewer LBM	
				1	
DESCRIPTION OF WORK		ACCEPTABILITY (Within Plan Tolerance)		DISTRIBUTION	
Stake position of wells #699-80-39B and 699-52-117 from given coordinates. Horizontal Datum: Plant Grid (feet)		Yes [ ]		Survey File	
		No [ ]		Field Project File	
		NA [X]		D.E. Skoglie	
		TBD by			
		Requestor [ ]			
SURVEY RESULTS AND COMMENTS					
<p><u>A8991</u> 699-80-39B Set hub and lath marked with well no. and coordinated N79,801, W38,544</p> <p><u>A8846</u> 699-52-117 (Brown) Given coordinate position (N52,000; W117,000) falls approx. 100 ft. inside vineyard property west of Brown farmhouse site.</p> <p>Set two Hub &amp; Lath at old brown farmhouse site marked with coordinates for reference. N52,000; W116,600 and N52,000; W116,700.</p>					

# GROUNDWATER WELL REMEDIATION/ DECOMMISSIONING CHECKLIST

Page 1 of 2

Project No.: <i>FY 95 WELL DECOMMISSIONING</i>		Task No.: <i>RDICA</i>	Well No.: <i>A8991</i> <i>699-80-39B</i>
WORK PLANNING/INITIATION: <input type="checkbox"/> Remediate <input checked="" type="checkbox"/> Decommission		Completion Date or NR	Attachment Number or NA
Evaluation Checklist Approved: WHC-CM-7-7, EII 6.6, "Resource Protection Well Characterization and Evaluation"		<i>09/19/95</i>	<i>ECN # G11438</i> <sup>7</sup> <i>bd</i>
Engineering Specification Issued: WHC-CM-6-1, EP-1.2, "Engineering Specifications"		<i>11/23/94</i>	<i>WHC-SD-EN-AP-122</i>
Letter of Instruction Issued: EII 1.15, "Preparation of SOW/LOI"		<i>09/07/93</i>	<i>W 372778</i>
Authorization Work Order Issued: WHC-CM-2-5, Section 2.5, "External Work Orders"		<i>NR</i>	<i>NA</i>
Job Safety Analysis Completed: WHC-CM-4-3, Standard A-3, "Prejob Planning" Standard CM-9, "Surface Drilling"		<i>11/15/94</i>	<i>#08294</i>
Hazardous Waste Operations Permit Issued: WHC-CM-7-7, EII 2.1, "Preparation of Hazardous Waste Operations Permits"		<i>NR</i>	<i>NA</i>
Cultural Resources Review Completed/Variance Obtained: WHC-CM-7-5, 12.3, "Historical and Archaeological Site Preservation"		<i>09/20/95</i>	<i>95-600-017</i>
Endangered Species Review Completed/Variance Obtained: WHC-CM-7-5, 12.4, "Plant and Wildlife Species on the Hanford Site"		<i>07/19/95</i>	<i>95-600-046</i>
Excavation Permit Obtained: WHC-CM-8-7, Section 503.1, "Excavation Permits"		<i>09/19/95</i>	<i>600-95-035</i>
Radiation Work Permit Obtained: WHC-CM-4-10, Section 8.0, "Radiation Work Requirements and Permits"		<i>NR</i>	<i>NA</i>
ALARA Worksheet Completed WHC-CM-4-11, "ALARA Program Manual"		<i>NR</i>	<i>NA</i>
Start Card Transmitted: WAC 173-160-055, "Well Construction Notification" (Start Card)		<i>7/95</i>	<i>A 32073</i>
Work Schedule Completed: Project management software or equivalent		<i>04/95</i>	<i>DEA</i>
Retired Area Entry Permit Obtained: WHC-CM-4-3, Standard G-10, "Retired Hanford Facilities"		<i>NR</i>	<i>NA</i>
Training Requirements Completed: WHC-CM-7-7, EII 1.1, "Hazardous Waste Site Entry Requirements"		<i>04/95</i>	<i>DEA</i>

Comments:

STACD CONTRACT: W 372778



APPROVALS: (Print/sign name and date)

*D.E. SKOGLIE* *David Skoglie* *09/20/95*  
Field Team Leader/Drilling Engineer Date

# GROUNDWATER WELL REMEDIATION/ DECOMMISSIONING CHECKLIST

Page 2 of 2

Project No.: <u>FY95 WELL DECOMMISSIONING</u>	Task No.: <u>RDICA</u>	Well No.: <u>699-80-39B</u>
WORK PERFORMANCE/EVALUATION		Completion Date or NR
Drilling Rig and Materials Cleaned to Procedures: WHC-CM-7-7, EII 5.4, "Field Decontamination of Drilling, Well Development and Sampling Equipment"		Prejob <u>NR</u> Postjob <u>NR</u>
Material Verifications Completed:		
Applicable Engineering Specification, No. <u>NA</u> Rev. <u>NA</u>		
Liner Casing and Centralizers as Specified	<u>NR</u>	<u>NA</u>
Cement Grout as Specified	<u>09/26/95</u>	<u>A8991-01</u>
Appropriate Well Cap as Specified	<u>NR</u>	<u>NA</u>
Air-Entrained Concrete for Pad as Specified	<u>NR</u>	<u>NA</u>
Material Packaged and Stored as Specified	<u>NR</u>	<u>NA</u>
Lubricants and Drilling Aids as Specified	<u>NR</u>	<u>NA</u>
Perforations Completed as Specified: Applicable Engineering Specification	<u>NR</u>	<u>NA</u>
Liner and Grout Installed as Specified: Applicable Engineering Specification	<u>NR</u>	<u>NA</u>
Pad/Posthole Excavation Completed: Applicable Engineering Specification	<u>NR</u>	<u>NA</u>
Concrete Pad, Reinforcing Material, and Inset Marker Cap Installed as Specified: Applicable Engineering Specification	<u>NR</u>	<u>NA</u>
Hasp, Locking Well Cap and Lock Installed as Specified: Applicable Engineering Specification	<u>NR</u>	<u>NA</u>
Guard Posts/Metal Sleeve Installed as Specified: Applicable Engineering Specification	<u>NR</u>	<u>NA</u>
Well Identification Stamped and Correct: Applicable Engineering Specification	<u>09/26/95</u>	<u>A8991-01</u>
Well Reports Complete and Submitted to State: WAC 173-160-050, "Records"	<u>04/17/96</u>	<u>9651783</u>
Survey Complete, Survey Report Received and as Specified: Applicable Engineering Specification	<u>NR</u>	<u>NA</u>
Site Restored: Applicable Engineering Specification	<u>09/26/95</u>	<u>A8991-01</u> <u>DCA</u>
Waste Disposal Controlled, WHC-CM-7-7, EII 4.2/EII 4.3 WHC-CM-7-5, 7.3, "Standards for Nonradioactive, Nonhazardous Solid Waste Disposal:	<u>NR</u>	<u>NA</u>
Well Condition Drawing Transmitted: WHC-CM-1-3, MRP 3.8, "Correspondence and Commitment Control:	<u>04/17/96</u>	<u>9651783</u>

Comments:

NA



APPROVALS: (Print/sign name and date)

D.E. SKOGGIE/ David E. Skoggie

09/17/96

Field Team Leader/Drilling Engineer

Date

11383

File Original and First Copy with  
Department of Ecology  
Second Copy — Owner's Copy  
Third Copy — Driller's Copy

# WATER WELL REPORT

STATE OF WASHINGTON

Start Card No. A32074UNIQUE WELL I.D. # A8991Water Right Permit No. N/A(1) OWNER: Name U.S. Department of Energy Address Richland, Washington 99352(2) LOCATION OF WELL: County Benton NE 1/4 SW 1/4 Sec 31 T. 14N N. R. 27E W.M.(2a) STREET ADDRESS OF WELL (or nearest address) NA(3) PROPOSED USE: ☒ Domestic ☐ Industrial ☐ Municipal ☐  
☐ Irrigation ☐ Test Well ☐ Other ☐  
☒ DeWater(4) TYPE OF WORK: Owner's number of well (if more than one) 699-80-39B  
Abandoned ☒ New well ☐ Method: ☐ Plug ☐ Sored ☐  
Deepened ☐ Cable ☐ Driven ☐  
Reconditioned ☐ Rotary ☐ Jetted ☐(5) DIMENSIONS: Diameter of well 48.0 inches.  
Drilled 14.0 feet. Depth of completed well 14.00 ft.

## (6) CONSTRUCTION DETAILS:

Casing installed: NA Diam. from NA ft. to NA ft.  
Welded ☐ Diam. from NA ft. to NA ft.  
Liner installed ☐ Threading ☐ Diam. from NA ft. to NA ft.Perforations: Yes ☐ No ☒

Type of perforator used \_\_\_\_\_

SIZE of perforations \_\_\_\_\_ in. by \_\_\_\_\_ in.  
\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.Screens: Yes ☐ No ☒

Manufacturer's Name \_\_\_\_\_

Type \_\_\_\_\_

Diam. \_\_\_\_\_ Slot size \_\_\_\_\_ from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Diam. \_\_\_\_\_ Slot size \_\_\_\_\_ from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Gravel packed: Yes ☐ No ☒ Size of gravel \_\_\_\_\_

Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Surface seal: Yes ☐ No ☒ To what depth? \_\_\_\_\_ ft.

Material used in seal \_\_\_\_\_

Did any strata contain unusable water? Yes ☐ No ☒

Type of water? \_\_\_\_\_ Depth of strata \_\_\_\_\_

Method of sealing strata off \_\_\_\_\_

(7) PUMP: Manufacturer's Name NA H.P. \_\_\_\_\_

(8) WATER LEVELS: Land-surface elevation above mean sea level \_\_\_\_\_ ft.

Static level \_\_\_\_\_ ft. below top of well Date \_\_\_\_\_

Artesian pressure 16.0 lbs. per square inch Date 02/44

Artesian water is controlled by \_\_\_\_\_ (Cap, valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level

Was a pump test made? Yes ☐ No ☐ If yes, by whom? \_\_\_\_\_

Yield: \_\_\_\_\_ gal./min. with \_\_\_\_\_ ft. drawdown after \_\_\_\_\_ hrs.

" " " " " "

" " " " " "

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time Water Level Time Water Level Time Water Level

" " " " " "

" " " " " "

Date of test NA

Baker test \_\_\_\_\_ gal./min. with \_\_\_\_\_ ft. drawdown after \_\_\_\_\_ hrs.

Airstest \_\_\_\_\_ gal./min. with stem set at \_\_\_\_\_ ft. for \_\_\_\_\_ hrs.

Artesian flow \_\_\_\_\_ g.p.m. Date \_\_\_\_\_

Temperature of water \_\_\_\_\_ Was a chemical analysis made? Yes ☐ No ☐

## (10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information.

MATERIAL	FROM	TO
Reference attached as-built.		
Reference Meeting Minutes 05/30 - 31/95 regarding WELL DECOMMISSIONING DISCUSSIONS. RE: CISTERNs AND B4 WELLS (Rev. 1)		
Well was wood lined.		
NA		

Work Started 09/26/95, 19. Completed 09/26/95, 19 95

## WELL CONSTRUCTOR CERTIFICATION:

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

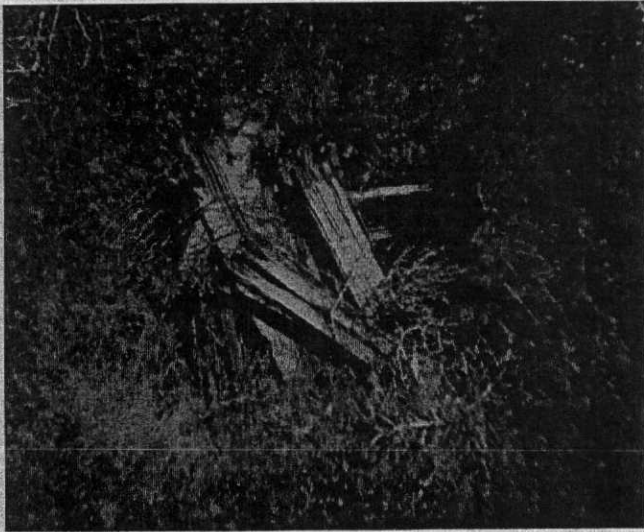
NAME Westinghouse Hanford Company  
(PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)Address P.O. Box 1970, Richland, WA 99352(Signed) David E. Shoglie License No. 1580  
(WELL DRILLER)Contractor's  
Registration  
No. N/A Date 04/11 19 96

(USE ADDITIONAL SHEETS IF NECESSARY)

Ecology is an Equal Opportunity and Affirmative Action employer. For special accommodation needs, contact the Water Resources Program at (206) 407-6600. The TDD number is (206) 407-6006.

A 8991

# RESOURCE PROTECTION WELL STRUCTURE FIELD INSPECTION REPORT



5/30/95

A 8991

Well Number 2. 699-80-39B Date 05/30/95Inspector (print) M. A. WALKERSignature M. A. Walker

## WELL IDENTIFICATION ID MARKINGS

Is the well labeled? ☐ Yes ☒ NoIf yes, should the casing be relabeled? ☐ Yes ☒ NoDoes the well have a brass marker? ☐ Yes ☒ NoIf yes, is the brass marker stamped with well ID? ☐ Yes ☒ NoDoes the casing need to be painted/repainted thus requiring relabeling? ☐ Yes ☒ No

Irregularities \_\_\_\_\_

## WELL SITE IDENTIFICATION

Does well have a barber pole? ☐ Yes ☒ NoIf no, is one needed? ☐ Yes ☒ NoDoes well have an identification sign posted at entrance to access route? ☐ Yes ☒ NoIf no, is one needed? ☐ Yes ☒ NoIs well located in or around a particular facility? (e.g., 216-A-10 crib, B-Y Tank Farms, B-Pond, etc.) ☐ Yes ☒ No

If yes, identify facility \_\_\_\_\_

Is well located in a radiation zone? ☐ Yes ☒ No

If yes, describe zone type \_\_\_\_\_

Irregular/Damage (describe) \_\_\_\_\_

## INSPECT WELL SURFACE PROTECTION MEASURES

### WELL CAPS

Is the well capped? ☐ Yes ☒ NoIs the cap able to be locked? ☐ Yes ☒ NoIs the cap locked? ☐ Yes ☒ NoDescribe existing problems with well cap, if any, or check none: ☐ None

## CONCRETE PAD

☒ None ☐ 4 ft x 4 ft ☐ 18 in. x 18 in. ☐ 2 ft roundIs it damaged? ☐ Yes ☒ No

Irregular/Damage (describe) \_\_\_\_\_

## BARRIER POSTS

Four posts, min. 3 in. ID, 1 removable? ☐ Yes ☒ No

If no, describe barrier posts: \_\_\_\_\_

How many posts? \_\_\_\_\_ Diameter of posts? \_\_\_\_\_

Is there a removable post? ☐ Yes ☒ No

Irregular/Damage (describe) \_\_\_\_\_

A-6000-499 (04/94)

BEST AVAILABLE COPY

CASING INFORMATION

CASING DIAMETERS: OUTER (SURFACE), INNER, AND OTHER - RECORD IN INCHES

Indicate diameter of casing. Describe type of casing (e.g., carbon steel, stainless steel, PVC, etc.)

Outer casing: OD/ID: 4' x 4' WOODEN Type \_\_\_\_\_  
Inner casing: OD/ID: CONSTRUCTION Type \_\_\_\_\_  
Other casing: OD/ID: \_\_\_\_\_ Type \_\_\_\_\_  
Other casing: OD/ID: \_\_\_\_\_ Type \_\_\_\_\_

Describe condition of top edge of the highest most casing:

☐ Jagged ☐ Uneven ☒ Fairly Level ☐ Beveled

Other (describe) \_\_\_\_\_

Describe protective casing damage, if any (e.g., hole in casing, bent, etc.), or check none:

☐ None

Distance from: (check one)

☐ Ground Surface ☐ Cement Pad To top edge of highest most casing \_\_\_\_\_

SAMPLING EQUIPMENT INSTALLATION

Describe type of pump system:

☐ Hydrostar ☐ Submersible ☐ Bladder ☒ None

Describe type of pump system support:

☐ Hydrostar Plate ☐ Well Seal ☐ J-Hook ☐ Steel Cable ☐ Pitless Adapter

Describe type of pump system:

☐ 3/4 in. Stainless Steel ☐ 1 1/2 in. ABS ☐ 1 in. PVC ☐ 1 1/2 in. galvanized

Other (describe) \_\_\_\_\_

WELL SITE SAFETY

Describe debris present at well site, if any, or check none:

☒ None

Describe well site irregularities (e.g., down in pit, locked building, overhead electrical power lines, on slope), or check none:

☐ None

SURVEY INFORMATION

Describe survey mark location:

☐ Top edge of highest most casing ☐ Brass Marker ☐ Both ☒ None

Is stamp clearly visible?

☐ Yes ☒ No

Other (describe) \_\_\_\_\_

DEPTH MEASUREMENTS

Depth to Water: 0.5

Depth to Bottom: 0.5

Comments: \_\_\_\_\_

COMMENTS

WELL IS LEVEL WITH GROUND SURFACE & FULL OF  
DEBRIS & DEBRIS!

## WHC-SD-EN-AP-161, Rev 0, Appendix F

<b>RESOURCE PROTECTION GROUNDWATER WELL STRUCTURE FITNESS FOR USE CHECKLIST</b>	1. Well No. <b>699-80-39 B</b>
Page 1 of 2	

2. Has a need for use of the well been identified and documented?  
☐ No ☐ No potential user identified
3. Is well presently in use?  
☐ No ☐ No use identified
4. Is casing sealed in accordance with IAW WAC 173-160-075?  
☐ No ☐ No documented annular seal
- 4a. Natural barriers preserved?  
☐ No ☐ Well terminates within upper sediments
- 4b. Aquifer/strata penetrated permanently sealed?  
☐ No ☐ No seals documented
- 4c. Annulus sealed against surface water?  
☐ No ☐ No surface seal documented
- 4d. Casing overlap more than 8 ft; packed and grouted?  
☐ N/A ☐ Not applicable
5. If not in use, is well capped IAW WAC 173-160-085?  
☐ No ☐ Open top pit
6. Is design and construction IAW WAC 173-160-500?  
☐ No ☐ No annular seal
- 6a. Saturated formation/aquifers not connected?  
☐ N/A ☐ Not applicable
- 6b. Cuttings/development water handled IAW WAC 173-303?  
☐ N/A ☐ Not applicable
- 6c. Well properly identified?  
☐ No ☐ No permanent identification
7. Is surface protection IAW WAC 173-160-510?  
☐ No ☐ No surfaceseal documented
- 7a. Well capped and protected?  
☐ No ☐ Open at top
- 7b. Protective posts, surface pad or cover installed?  
☐ No ☐ No posts or pad
- 7c. Surface protection waived or variance obtained?  
☐ N/A ☐ Not applicable
- 7d. Is existing surface protection damaged?  
☐ N/A ☐ Not applicable
8. Are casing materials IAW 173-160-520?  
☐ N/A ☐ Not applicable
9. Was drill rig/drilling equipment cleaned IAW WAC 173-160-530?  
☐ N/A ☐ Not applicable
- 9a. Drill rig/equipment casing/screen cleaned?  
☐ N/A ☐ Not applicable
- 9b. Filter pack cleaned? Material compatible?  
☐ N/A ☐ Not applicable

<b>RCRA/CERCLA MONITORING WELL?</b>
10. Does water sample from vertical screened interval represent horizontal stratigraphy? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> Not applicable
10a. Screened interval documented? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> Not applicable
10b. Vertical lithology documented? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> Not Documented





## WHC-SD-EN-AP-161, Rev 0, Appendix F

RESOURCE PROTECTION GROUNDWATER WELL STRUCTURE FITNESS FOR USE CHECKLIST		1. Well No. <u>699-80-39B</u>
		Page 2 of 2
11. Is design and construction IAW WAC 173-180-540?		
( <u>N/A</u> ) <u>Not applicable</u>		
11a. Screen commercially fabricated of material nonreactive to subsurface conditions?		
( <u>N/A</u> ) <u>Not applicable</u>		
11b. If filter pack installed, extends from bottom of screen to at least 3 ft above screen.		
( <u>N/A</u> ) <u>Not applicable</u>		
11c. Well has been developed.		
( <u>N/A</u> ) <u>Not applicable</u>		
11d. Annulus grouted with bentonite or bentonite/cement mixture.		
( <u>N/A</u> ) <u>Not applicable</u>		
12. Does water sample meet established acceptance criteria? Sample is less than 5 NTU and sand free.		
( <u>N/A</u> ) <u>Not applicable</u>		
13. Data Sources Used:		
Log: Driller's: _____ Date: _____ Company: _____		
Geologist: _____ Date: _____ Company: _____		
Geophysical: _____ Date: _____ Company: _____		
Television: _____ Date: _____ Company: _____		
Publications: Title, Author, Date		
<u>HANFORD WELLS, M. A. Chamness and J. K. Merz, August 1993</u>		
Databases:		
<u>WHC Well Services</u>		
Field Check: <u>Well Services</u> Date: <u>05/30/95</u> Company: <u>WHC</u>		
Other: _____		
_____		
_____		
14. Comments: Identify evaluation criteria addressed by number:		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
15. Status		
Well is acceptable for intended use	( <u>No</u> )	<u>Well lacks seals</u>
Well is acceptable for intended use if variance is granted	( <u>N/A</u> )	<u>Not applicable</u>
Rehabilitation required to continue intended use	( <u>No</u> )	<u>Not applicable</u>
Remediation required to achieve intended use	( <u>No</u> )	<u>Well has no identified user</u>
Decommission, well is unneeded or cannot be remediated	( <u>Yes</u> )	<u>well has no identified need</u>
Other <u>Extreme safety hazard</u>	( _____ )	_____
16. Status Recommendation		
Done By: Name: <u>T. J. Wood</u>	Title: <u>Senior Engineer</u>	Date: <u>06/30/95</u>

**A8996 699-80-62**

# WELL ATTRIBUTES REPORT

**FIELD ORDER NO**  
**WELL ID** A8996  
**WELL NAME** 699-80-62  
**HOST WELL ID**

**CONST DATE**  
**CONST DEPTH**

**LAST INSPECTION** 1/1/1801  
**NORTHING** 148433.996  
**EASTING** 570966.028  
**ELEVATION** 135.169

LAST INSPECTION INFORMATION				CURRENT INSPECTION INFORMATION			
WELL PAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL PAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
BENTONITE IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	BENTONITE IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
COLLAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	COLLAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
SURFACE EROSION	<input type="checkbox"/> MAJOR	<input type="checkbox"/> NONE	<input type="checkbox"/> MINOR <input checked="" type="checkbox"/> ND*	SURFACE EROSION	<input type="checkbox"/> MAJOR	<input type="checkbox"/> NONE	<input type="checkbox"/> MINOR
LAST PUMP INFORMATION				CURRENT PUMP INFORMATION			
PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED <input type="checkbox"/> REPLACED <input checked="" type="checkbox"/> ND* <input type="checkbox"/> REMOVED			PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED <input type="checkbox"/> REPLACED <input type="checkbox"/> REMOVED		
PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
ACTIVITY PERFORMED BY	ND*			ACTIVITY PERFORMED BY			
DATE ACTIVITY PERFORMED				DATE ACTIVITY PERFORMED			
PUMP TYPE	ND*			PUMP TYPE			
PUMP MAKE	ND*			PUMP MAKE			
PUMP MODEL	ND*			PUMP MODEL			
PUMP INTAKE DEPTH (ft)				PUMP INTAKE DEPTH (ft)			
TUBING SIZE (in)				TUBING SIZE (in)			
TUBING MATERIAL	ND*			TUBING MATERIAL			
TUBING LENGTH (ft)				TUBING LENGTH (ft)			
TUBING CONNECTION	ND*			TUBING CONNECTION			

ND\* - Not Documented

6/15/2005

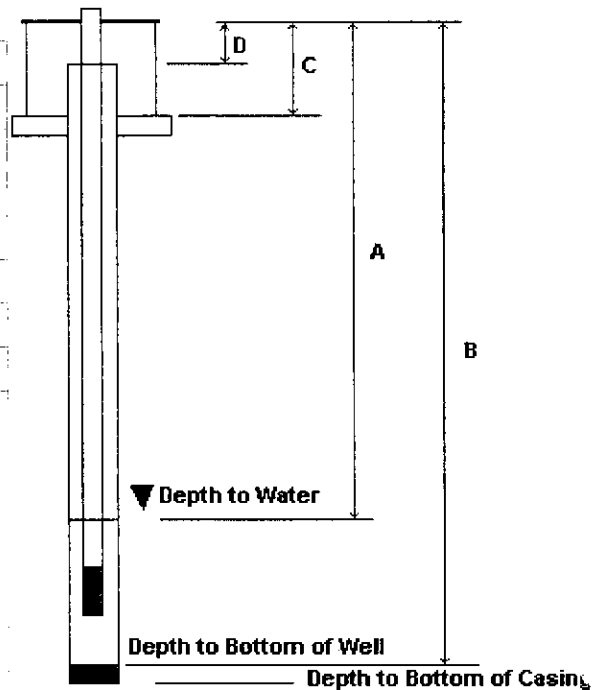
# WELL ATTRIBUTES REPORT

FIELD ORDER NO			LAST INSPECTION	1/1/1801
WELL ID	A8996		NORTHING	148433.996
WELL NAME	699-80-62	CONST DATE	EASTING	570966.028
HOST WELL ID		CONST DEPTH	ELEVATION	135.169

MEASUREMENT INFORMATION	
LAST	CURRENT
<b>A</b> DEPTH TO WATER(ft)	
DEPTH TO WATER DATE	
<b>B</b> DEPTH TO BOTTOM(ft)	28.1
DEPTH TO BOTTOM DATE	
<b>C</b> STICK UP(ft)	1.4
<b>D</b> REFERENCE MARK(ft)	
REFERENCE MARK IS TOC <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ND* <input type="checkbox"/> YES <input type="checkbox"/> NO	

PERFORATION INFORMATION			
CASING SIZE	TOP	BOTTOM	CUTS/FT/ROUND

**CHANGES**



A DEPTH TO WATER FROM TOP OF CASING  
 B DEPTH TO BOTTOM OF WELL FROM TOP OF CASING  
 C TOP OF CASING TO GROUND SURFACE/PAD  
 D TOP OF CASING TO SURVEY REFERENCE MARKER

CASING INFORMATION						
SIZE	TOP	BOTTOM	MATERIAL	TYPE	CONNECTION	THICKNESS

**CHANGES**

SCREEN INFORMATION					
SIZE	TOP	BOTTOM	MATERIAL	TYPE	SLOT SIZE

**CHANGES**

# WELL CONSTRUCTION AND COMPLETION SUMMARY

Drilling Method: <u>Air Rotary</u>	Sample Method: _____	WELL NUMBER: <u>699-80-62</u> <u>AB996</u> TEMPORARY WELL NO: _____
Drilling Fluid Used: <u>Not documented</u>	Additives Used: <u>Not documented</u>	Hanford
Driller's Name: <u>Not documented</u>	WA State Lic Nr: <u>Not documented</u>	Coordinates: N/S <u>N 81.900</u> E/W <u>W 62.000</u>
Drilling Company: <u>Not documented</u>	Company Location: <u>Not documented</u>	State _____
Date Started: <u>Not documented</u>	Date Complete: <u>Not documented</u>	Coordinates: N _____ E _____
		Start Card #: <u>Not documented</u> T <u>14N</u> R <u>26E</u> S <u>33J2</u>
		Elevation Ground surface: <u>438.1-ft Estimated</u>

Depth to water: Not documented  
(Ground surface) Not documented

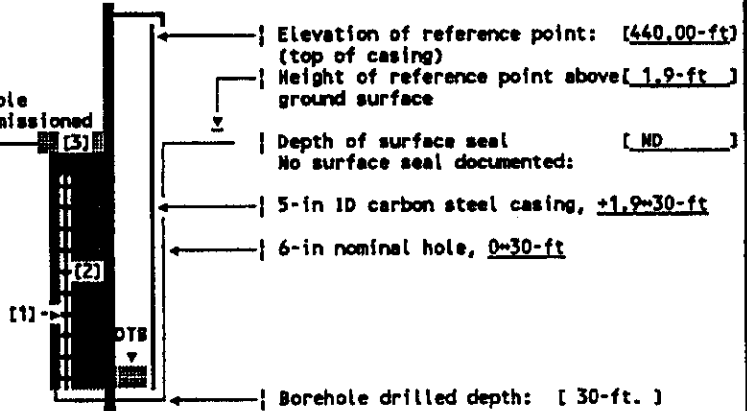
GENERALIZED STRATIGRAPHY Driller's Log

Not documented

Decommissioned: 05/09/95

- [1] Perforated casing 3-30-ft
- [2] Placed cement grout 3-30-ft
- [3] Cut casing at 3-ft, placed cement cap, brass marker and filled to grade

Borehole Decommissioned



Drawing By: TJW/6N80M62, ASB  
Date: 13Mar95  
Reference: HANFORD WELLS



SUMMARY OF CONSTRUCTION DATA AND FIELD OBSERVATIONS  
RESOURCE PROTECTION WELL - 699-80-62

WELL DESIGNATION : 699-80-62  
RCRA FACILITY : Not applicable  
CERCLA UNIT : Not applicable  
HANFORD COORDINATES : N 81,900 W 62,000 [Hanford Wells]  
LAMBERT COORDINATES : N E [HANCONV]  
DATE DRILLED : Not documented  
DEPTH DRILLED (GS) : 30.0-ft  
MEASURED DEPTH (GS) : 28.1-ft, 9Mar95  
DEPTH TO WATER (GS) : Not documented,  
Not documented  
CASING DIAMETER : 5-in, carbon steel, +1.9\*30.0-ft  
ELEV TOP CASING : 440.00-ft, [Hanford Wells]  
ELEV GROUND SURFACE : 438.1-ft, Estimated  
PERFORATED INTERVAL : Not documented  
SCREENED INTERVAL : Not applicable  
COMMENTS : FIELD INSPECTION, 9Mar95,  
5-in carbon steel casing. No cap or lock  
No pad, posts or permanent identification.  
Not in radiation zone.  
OTHER:  
AVAILABLE LOGS : None found  
DATE EVALUATED : None  
EVAL RECOMMENDATION : Not applicable  
LISTED USE : None  
CURRENT USER : None  
PUMP TYPE : Not applicable



600-95-016

WESTINGHOUSE HANFORD COMPANY		EXCAVATION PERMIT																												
1. Work Package No. RDICA	2. W.O./Project No. FY95 WELL DECOMMISSIONING	3. Location of Excavation 699-97-51B, 6-86-64, [REDACTED], 6-43-42, 6-43-42A through H, 6-49-12A & B, 1B-92-01 through 24, 1-K-15, 1-K-24, 1-K-25																												
4. Originated By D.E. SKOGLIE		Date 04/17/95	5. Engineering Change Notice (ECN) WHC-SD-EN-AP-161, Rev 0, Appendix D																											
6. Drawings Required (Identification Numbers) N/A		7. Other Affected Drawings or Documents WELL DECOMMISSIONING PLANNED FOR THIRD/FOURTH QUARTER FISCAL YEAR 1995 BY WHC WELL SERVICES																												
8. Description of Work DECOMMISSION WELLS PER FITNESS FOR USE CHECKLIST AND WASHINGTON ADMINISTRATIVE CODES (WAC-173-160). WORK WILL BE DOCUMENTED ON FIELD ACTIVITY REPORTS.																														
9. Special Instructions or Comments (Including Safety Requirements found in WHC-CM-4-3, CM-8) WORK WILL BE CONDUCTED PER AN APPLICABLE JOB HAZARD ANALYSIS.																														
10. Excavation Requirements Planning Checklist (Check appropriate blocks to determine supplemental approvals)  Will the excavation work: <table border="0"> <tr> <td>Yes</td> <td>No</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>limit access, pedestrian or vehicle, to or from any area or building? (If yes, Occupational Health and Safety approval required.) Block 17</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>be within 25 feet of the center line of the railroad track? (If yes, Track Maintenance approval required.) Block 18</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>be within the 600 Area? (If yes, 600 Area Landlord approval required.) Block 19</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>be under or immediately adjacent to any high voltage line or switching equipment? (If yes, Electrical Utilities approval required.) Block 20</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>be within or immediately adjacent to the boundaries of a security barrier or will uncover a security system for maintenance or modification? (If yes, Safeguards and Security approval required.) Block 21</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>be performed over, under, or immediately adjacent to any steam, sewer, or water utility lines? (If yes, Steam/Water Utilities approval required.) Block 22</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>be performed in the vicinity of telecommunication lines? (If yes, IRM Plant Telephone approval required.) Block 23</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>be performed in areas other than existing utilities, buildings, water sites, and those required to remove existing surplus facilities? (If yes, Site Planning approval required.) Block 24</td> </tr> </table>				Yes	No		<input type="checkbox"/>	<input checked="" type="checkbox"/>	limit access, pedestrian or vehicle, to or from any area or building? (If yes, Occupational Health and Safety approval required.) Block 17	<input type="checkbox"/>	<input checked="" type="checkbox"/>	be within 25 feet of the center line of the railroad track? (If yes, Track Maintenance approval required.) Block 18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	be within the 600 Area? (If yes, 600 Area Landlord approval required.) Block 19	<input type="checkbox"/>	<input checked="" type="checkbox"/>	be under or immediately adjacent to any high voltage line or switching equipment? (If yes, Electrical Utilities approval required.) Block 20	<input type="checkbox"/>	<input checked="" type="checkbox"/>	be within or immediately adjacent to the boundaries of a security barrier or will uncover a security system for maintenance or modification? (If yes, Safeguards and Security approval required.) Block 21	<input type="checkbox"/>	<input checked="" type="checkbox"/>	be performed over, under, or immediately adjacent to any steam, sewer, or water utility lines? (If yes, Steam/Water Utilities approval required.) Block 22	<input type="checkbox"/>	<input checked="" type="checkbox"/>	be performed in the vicinity of telecommunication lines? (If yes, IRM Plant Telephone approval required.) Block 23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	be performed in areas other than existing utilities, buildings, water sites, and those required to remove existing surplus facilities? (If yes, Site Planning approval required.) Block 24
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A-7400-373 (06/92)

A 8996  
6-80-62



**Battelle**

Pacific Northwest Laboratories  
Battelle Boulevard  
P.O. Box 999  
Richland, Washington 99352  
Telephone (509) 372-1791

March 23, 1995

*No Known Affected Historic Properties*

Mr. D. Skoglie  
Westinghouse Hanford Company  
Well Services  
P. O. Box 1970/N3-05  
Richland, WA 99352

Dear Mr. Skoglie:

CULTURAL RESOURCES REVIEW OF THE WELL DECOMMISSIONING - 100 AND 600  
AREAS PROJECT. HCRC #95-600-032.

In response to your request received March 9, 1995, staff of the Hanford Cultural Resources Laboratory (HCRL) conducted a cultural resources review of the subject project, located in the 100 and 600 Areas of the Hanford Site. According to the information that you supplied, the project entails decommissioning 17 wells across Hanford. A drill and support equipment, including a compressor, support trailer, circulation tanks, etc., will be placed at each well location during decommissioning. This letter addresses Wells 699-97-51B, ~~6-80-62~~, 6-43-42, 6-43-42A through -H, 6-43-41C and -41D, 1-k-15, 1-k-24, and 1-k-25. A future letter will address Well 6-86-64, as it could not be located at this time.

Our literature and records review and a visit by HCRL staff on March 22, 1995, shows that 15 of the 16 wells visited are in very disturbed areas, with the wells themselves having no historical significance. The area around Well 699-97-51B is fairly undisturbed, and an old irrigation feature is located to the south and southwest of the well. HCRL requests that the area to the south-southwest of the well be avoided by equipment as much as possible to avoid this historic site. No cultural materials were found to the north or west of the well. No additional work by the HCRL is required for these 16 wells.

It is the finding of the HCRL staff that there are no known affected historic properties within the proposed project areas. The workers, however, must be directed to watch for cultural materials (e.g., bones, artifacts) during all work activities. If any are encountered, work in the vicinity of the discovery must stop until an HCRL archaeologist has been notified, assessed the significance of the find, and, if necessary, arranged for mitigation of the impacts to the find. The HCRL must be notified if any changes to project location or scope are anticipated. This is a Class III and a Class V case, defined as a project which involves new construction in a disturbed, low-sensitivity area and in an undisturbed area.

A



A 8996  
6-80-62

Mr. Dave Skoglie  
March 23, 1995  
Page 2

NON-RECORDED COPY



Copies of this letter have been sent to Dee Lloyd, DOE, Richland Operations Office, as official documentation. If you have any questions, please call me at 372-1791. Please use the HCRC# above for any future correspondence concerning this project. Thank you for your assistance with this project.

Very truly yours,

*M. E. Crist*

M. E. Crist  
Technical Specialist  
Cultural Resources Project

Concurrence:

*Paul R. Nickens*  
P. R. Nickens, Project Manager  
Cultural Resources Project

cc: D. Lloyd, RL (2)  
T. Clark  
File/LB



A 8996  
6-80-62



**Battelle**

Pacific Northwest Laboratories  
Battelle Boulevard  
P.O. Box 999  
Richland, Washington 99352  
Telephone (509) 372-1791

**NON-RECORD COPY**

March 23, 1995

*No Known Historic Properties*

Mr. D. Skoglie  
Westinghouse Hanford Company  
Well Services  
P. O. Box 1970/N3-05  
Richland, WA 99352

Dear Mr. Skoglie:

**CULTURAL RESOURCES REVIEW OF THE FY95 CORING TEST PROJECT.  
HCRC #95-1100-004.**

In response to your request received March 20, 1995, staff of the Hanford Cultural Resources Laboratory (HCRL) conducted a cultural resources review of the subject project, located southwest of the 1100 Area of the Hanford Site. According to the information that you supplied, the project entails drilling several borings to test coring techniques in the Ringold Formation. Borings will range from 50' to 170' in depth. The well locations will be approximately 200' by 200'.

Our literature and records review shows that the project area has been at least somewhat disturbed by previous Hanford Site activities. A visit to the project area on March 22, 1995 confirmed heavy disturbance in the coring locations caused by work at an existing gravel pit. It is very unlikely that any archaeological materials exist in such disturbed ground. Survey and monitoring by an archaeologist are not necessary.

It is the finding of the HCRL staff that there are no known cultural resources or historic properties within the proposed project area. The workers, however, must be directed to watch for cultural materials (e.g., bones, artifacts) during all work activities. If any are encountered, work in the vicinity of the discovery must stop until an HCRL archaeologist has been notified, assessed the significance of the find, and, if necessary, arranged for mitigation of the impacts to the find. The HCRL must be notified if any changes to project location or scope are anticipated. This is a Class III case, defined as a project which involves new construction in a disturbed, low-sensitivity area.

Copies of this letter have been sent to Dee Lloyd, DOE, Richland Operations Office, as official documentation. If you have any questions, please call me at 372-1791. Please use the HCRC# above for any future correspondence concerning this project.

Very truly yours,

*M. E. Crist*

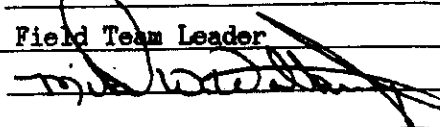
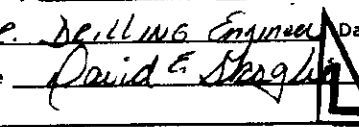
M. E. Crist  
Technical Specialist  
Cultural Resources Project

Concurrence:

*P. R. Nickens*  
P. R. Nickens, Project Manager  
Cultural Resources Project

cc: D. Lloyd, RL (2)  
T. Clark  
File/LB



FIELD ACTIVITY REPORT - WELL REMEDIATION AND ABANDONMENT							Page <u>1</u> of <u>1</u>	
Date <b>06/09/95</b>	Well No. <b>699-80-62</b>	Rig Type/Model <b>Schram</b>	Rig No. <b>#61</b>	Contract/Work Order No. <b>MB06WV372778M</b>	Start Card No. <b>32058</b>	Report No. <b>A8996-01</b>		
Purpose <b>Decommissioning of well-Perforate, grout, install brass locator pin and backfill to grade.</b>					Reference <b>N/A</b>	Location <b>N/A</b> <b>800 Area</b>		
Hole Size <b>6"</b>	Casing Size <b>5"</b>	Type <b>C.S.</b>	Set At <b>30.00'</b>		Personnel			
Total Depth <b>30'</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>		Operator <b>Mansfield</b> Lic No. <b>2223</b> Print & Sign Name (Acceptance) <b>J. Mansfield/Dec for</b>			
Reference/Measuring Point <b>Ground surface. N/A</b>					Other: <b>M. McCoy-Helper Staco</b> <b>M. Tunnell-Helper Staco</b> <b>N. Speaker-Proj. Mgr. Staco</b> <b>M. Walkup-WHC FTL</b>			
Start Time <b>0630 Hrs.</b>	Materials Used <b>5-94.6 lb. sacks cement</b>							
End Time <b>1330 Hrs.</b>	<b>N/A</b>							
Time <b>N/A</b>	<b>N/A</b>							
Contractor Time <b>N/A</b>	<b>N/A</b>							
Total Time <b>7 Hrs.</b>	<b>N/A</b>							
Description of Operations/Remarks								
<b>0630-0730: Safety meeting was held by Staco crew. Topics discussed included duties of fire watches. Travelled to well #699-97-51B. All equipment was inspected, started and warmed. N/A</b>								
<b>0730-0800: Mobilized all equipment to well #699-80-62. N/A</b>								
<b>0800-1017: Set drill rig up over well. Set up control zone around drill site. Modified 4" perforator to fit 5" casing. HPT onsite. All personnel and equipment were surveyed, no contamination found. The HPT will remain onsite until perforation of the well has been completed. N/A</b>								
<b>1017-1145: Perforated the well casing from 3.00' to 26.00' with a Holte star wheel perforator. The perforator makes 1"x1/4"x6 cts/ft. The casing was perforated at 4 equidistant passes per foot. The perforator and drill rod were surveyed by HPT. no contamination found. N/A</b>								
<b>1145-1215: Tore rig down and moved it off of well. Excavated to 3.00' around the well. Cut off casing for well decommissioning. See attached WHC "Hotwork Permit" which was used for all cutting and welding activities. N/A</b>								
<b>1215-1245: Calculated volumes, mixed and pumped cement grout. See attached WHC form which was used for cement volume calculations. Capped well with cement, set brass locator pin and backfilled to grade with native soil. N/A</b>								
<b>1245-1330: Loaded equipment and mobilized back to well #699-97-51B. N/A</b>								
<b>N/A</b>								
Report By <b>M.W. Walkup</b>					Reviewed By <b>D.E. Skoglie</b>			
Title <b>Field Team Leader</b>					Title <b>SE. Drilling Engineer</b> Date <b>05/16/95</b>			
Signature 					Signature 			

# GROUNDWATER WELL REMEDIATION/ DECOMMISSIONING CHECKLIST

Page 1 of 2

Project No.: FY95 WELL DECOMMISSIONING	Task No.: RDICA	Well No.: A 8996 699-80-62
<b>WORK PLANNING/INITIATION:</b> <input type="checkbox"/> Remediate <input checked="" type="checkbox"/> Decommission	Completion Date or NR	Attachment Number or NA
Evaluation Checklist Approved: WHC-CM-7-7, EII 6.6, "Resource Protection Well Characterization and Evaluation"	04/21/95	WHC-SD-EN-AP-161 R.2 ECN#186390
Engineering Specification Issued: WHC-CM-6-1, EP-1.2, "Engineering Specifications"	11/23/94	WHC-SD-EN-AP-122
Letter of Instruction Issued: EII 1.15, "Preparation of SOW/LOI"	09/07/93	W. 372778 SOW
Authorization Work Order Issued: WHC-CM-2-5, Section 2.5, "External Work Orders"	NR	NA
Job Safety Analysis Completed: WHC-CM-4-3, Standard A-3, "Prejob Planning" Standard CM-9, "Surface Drilling"	11/15/94	# 08294
Hazardous Waste Operations Permit Issued: WHC-CM-7-7, EII 2.1, "Preparation of Hazardous Waste Operations Permits"	NR	NA
Cultural Resources Review Completed/Variance Obtained: WHC-CM-7-5, 12.3, "Historical and Archaeological Site Preservation"	03/23/95	# 95-600-032
Endangered Species Review Completed/Variance Obtained: WHC-CM-7-5, 12.4, "Plant and Wildlife Species on the Hanford Site"	04/20/95	# 95-600-32
Excavation Permit Obtained: WHC-CM-8-7, Section 503.1, "Excavation Permits"	04/24/95	600-95-016
Radiation Work Permit Obtained: WHC-CM-4-10, Section 8.0, "Radiation Work Requirements and Permits"	NR	NA
ALARA Worksheet Completed WHC-CM-4-11, "ALARA Program Manual"	NR	NA
Start Card Transmitted: WAC 173-160-055, "Well Construction Notification" (Start Card)	5/95	(32056)
Work Schedule Completed: Project management software or equivalent	04/20/95	det
Retired Area Entry Permit Obtained: WHC-CM-4-3, Standard G-10, "Retired Hanford Facilities"	NR	NA
Training Requirements Completed: WHC-CM-7-7, EII 1.1, "Hazardous Waste Site Entry Requirements"	04/17/95	det

Comments:

STACO CONTRACT NO. 372778.



APPROVALS: (Print/sign name and date)

D.E. SKOGLIE / David E Skoglie 05/08/95

Field Team Leader/Drilling Engineer

Date

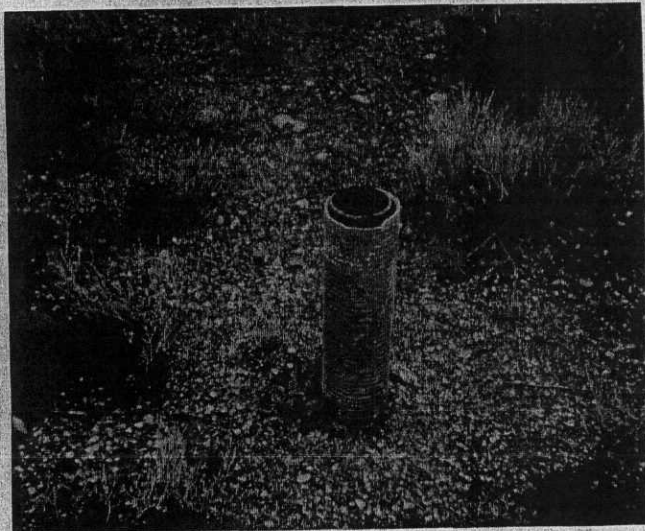
GROUNDWATER WELL REMEDIATION/ DECOMMISSIONING CHECKLIST		Page 2 of 2	
Project No.: FV95 WELL DECOMMISSIONING		Task No.: RDICA	Well No.: A8996 699-80-62
WORK PERFORMANCE/EVALUATION		Completion Date or NR	Attachment Number or NA
Drilling Rig and Materials Cleaned to Procedures: WHC-CM-7-7, EII 5.4, "Field Decontamination of Drilling, Well Development and Sampling Equipment"		Prejob <u>NR</u> Postjob <u>NR</u>	<u>NA</u> <u>NA</u>
Material Verifications Completed: Applicable Engineering Specification, No. <u>NA</u> Rev. <u>NA</u> Liner Casing and Centralizers as Specified Cement Grout as Specified Appropriate Well Cap as Specified Air-Entrained Concrete for Pad as Specified Material Packaged and Stored as Specified Lubricants and Drilling Aids as Specified		<u>NR</u> <u>05/09/95</u> <u>NR</u> <u>NR</u> <u>NR</u> <u>NR</u>	<u>NA</u> <u>A8996-01</u> <u>NA</u> <u>NA</u> <u>NA</u> <u>NA</u>
Perforations Completed as Specified: Applicable Engineering Specification		<u>05/09/95</u>	<u>A8996-01</u>
Liner and Grout Installed as Specified: Applicable Engineering Specification		<u>NR</u>	<u>NA</u>
Pad/Posthole Excavation Completed: Applicable Engineering Specification		<u>NR</u>	<u>NA</u>
Concrete Pad, Reinforcing Material, and Inset Marker Cap Installed as Specified: <u>BRASS Marker Installed</u> Applicable Engineering Specification		<u>05/09/95</u>	<u>A8996-01</u>
Hasp, Locking Well Cap and Lock Installed as Specified: Applicable Engineering Specification		<u>NR</u>	<u>NA</u>
Guard Posts/Metal Sleeve Installed as Specified: Applicable Engineering Specification		<u>NR</u>	<u>NA</u>
Well Identification Stamped and Correct: <u>BRASS Marker Installed</u> Applicable Engineering Specification		<u>05/09/95</u>	<u>A8996-01</u>
Well Reports Complete and Submitted to State: WAC 173-160-050, "Records"		<u>04/17/96</u>	<u>9651783</u>
Survey Complete, Survey Report Received and as Specified: Applicable Engineering Specification		<u>NR</u>	<u>NA</u>
Site Restored: Applicable Engineering Specification		<u>05/09/95</u>	<u>DEF</u>
Waste Disposal Controlled, WHC-CM-7-7, EII 4.2/EII 4.3 WHC-CM-7-5, 7.3, "Standards for Nonradioactive, Nonhazardous Solid Waste Disposal:		<u>NR</u>	<u>NA</u>
Well Condition Drawing Transmitted: WHC-CM-1-3, MRP 3.8, "Correspondence and Commitment Control:		<u>04/17/96</u>	<u>9651783</u>
Comments: <u>STACO CONTRACT NO. 372778</u>			
APPROVALS: (Print/sign name and date) <u>D.E. SKOGLIE</u> <u>David E. Skoglie</u> <u>04/17/96</u> Field Team Leader/Drilling Engineer Date			



A-8996

A8996

# RESOURCE PROTECTION WELL STRUCTURE FIELD INSPECTION REPORT



699-80-62  
A-8996

*J. Wood*  
3-9-95

Well Number 699-80-62 Date 3-9-95

Inspector (print) T. J. Wood

Signature *J. Wood*

## WELL IDENTIFICATION ID MARKINGS

Is the well labeled? ☐ Yes ☒ No  
 If yes, should the casing be relabeled? ☐ Yes ☐ No  
 Does the well have a brass marker? ☐ Yes ☒ No  
 If yes, is the brass marker stamped with well ID? ☐ Yes ☒ No  
 Does the casing need to be painted/repainted thus requiring relabeling? ☒ Yes ☐ No

Irregularities \_\_\_\_\_

## WELL SITE IDENTIFICATION

Does well have a barber pole? ☐ Yes ☒ No  
 Does well have an identification sign posted at entrance to access route? ☐ Yes ☒ No  
 Is well located in or around a particular facility? (e.g., 216-A-10 crib, B-Y Tank Farms, B-Pond, etc.) ☐ Yes ☒ No  
 Is well located in a radiation zone? ☐ Yes ☒ No  
 If no, is one needed? ☐ Yes ☐ No  
 If no, is one needed? ☐ Yes ☐ No  
 If yes, identify facility \_\_\_\_\_  
 If yes, describe zone type \_\_\_\_\_  
 Irregular/Damage (describe) \_\_\_\_\_

## INSPECT WELL SURFACE PROTECTION MEASURES

### WELL CAPS

Is the well capped? ☐ Yes ☒ No  
 Is the cap able to be locked? ☐ Yes ☒ No  
 Is the cap locked? ☐ Yes ☒ No  
 Describe existing problems with well cap, if any, or check none: ☐ None

### CONCRETE PAD

☒ None ☐ 4 ft x 4 ft ☐ 18 in. x 18 in. ☐ 2 ft round  
 Is it damaged? ☐ Yes ☐ No  
 Irregular/Damage (describe) \_\_\_\_\_

### BARRIER POSTS

Four posts, min. 3 in. ID, 1 removable? ☐ Yes ☒ No  
 If no, describe barrier posts: \_\_\_\_\_  
 How many posts? \_\_\_\_\_  
 Is there a removable post? ☐ Yes ☐ No  
 Diameter of posts? \_\_\_\_\_  
 Irregular/Damage (describe) \_\_\_\_\_



BEST AVAILABLE COPY

A-6000-499 (10/92)

### CASING INFORMATION

#### CASING DIAMETERS: OUTER (SURFACE), INNER, AND OTHER - RECORD IN INCHES

Indicate diameter of casing. Describe type of casing (e.g., carbon steel, stainless steel, PVC, etc.)

Outer casing: OD/ID: 5 1/2" OD 5" ID Type CS  
 Inner casing: OD/ID: \_\_\_\_\_ Type \_\_\_\_\_  
 Other casing: OD/ID: \_\_\_\_\_ Type \_\_\_\_\_  
 Other casing: OD/ID: \_\_\_\_\_ Type \_\_\_\_\_

Describe condition of top edge of the highest most casing:

☐ Jagged ☐ Uneven ☐ Fairly Level ☒ Beveled

Other (describe) \_\_\_\_\_

Describe protective casing damage, if any (e.g., hole in casing, bent, etc.), or check none: ☒ None

Distance from: (check one)

☒ Ground Surface ☐ Cement Pad To top edge of highest most casing 1.9'

### SAMPLING EQUIPMENT INSTALLATION

Describe type of pump system:

☐ Hydrostar ☐ Submersible ☐ Bladder ☐ None

Describe type of pump system support:

☐ Hydrostar Plate ☐ Well Seal ☐ J-Hook ☐ Steel Cable ☐ Pitless Adapter

Describe type of pump system:

☐ 3/4 in. Stainless Steel ☐ 1 1/2 in. ABS ☐ 1 in. PVC ☐ 1 1/2 in. galvanized

Irregular/Damage (describe) \_\_\_\_\_

### WELL SITE SAFETY

Describe debris present at well site, if any, or check none:

☒ None

Describe well site irregularities (e.g., down in pit, locked building, overhead electrical power lines, on slope), or check none:

☒ None

No Access Road SITE LEVEL

### SURVEY INFORMATION

Describe survey mark location:

☐ Top edge of highest most casing ☐ Brass Marker ☐ Both ☒ None

Is stamp clearly visible?

☐ Yes ☒ No

Other (describe) \_\_\_\_\_

### DEPTH MEASUREMENTS

Depth to Water: x

Depth to Bottom: 28.1'

Comments: 1.9' STICK UP

### COMMENTS

A



# FIELD ACTIVITY REPORT - CEMENT CALCULATIONS

**NON-RECORD COPY**

Page 1 of 1

Date 5-9-95 Well Number A-8996 Continuation of Report No. 699-80-62 A8996-01

## 1.0 CEMENT STAGE VOLUME CALCULATIONS

1.1 Cement Volume - Open Hole/Casing 5 ID of casing or diameter of hole, inches = D

25 feet x 0.0408 x 5 D<sup>2</sup> = 25.50 Gallons of cement required

25 feet x 0.005454 x 5 D<sup>2</sup> = 3.41 Cubic feet of cement required

1.2 Cement Volume - Annular Spaces

- ☐ Between Tubing and Hole (D = Hole diameter, inches; d = OD of Tubing, inches)  
☐ Between Casing and Hole (D = Hole diameter, inches; d = OD of Casing, inches)  
☐ Between Tubing and Casing (D = ID of Casing, inches; d = OD of Tubing, inches)  
☐ Between Casings (D = ID of outer Casing, inches; d = OD of inner Casing, inches)  
D = \_\_\_\_\_ d = \_\_\_\_\_ n = Number of tubing strings

\_\_\_\_\_ feet x 0.0408 x [ \_\_\_\_\_ D<sup>2</sup> - ( \_\_\_\_\_ d<sup>2</sup> x \_\_\_\_\_ n ) ] = \_\_\_\_\_ Gallons of cement required

\_\_\_\_\_ feet x 0.005454 x [ \_\_\_\_\_ D<sup>2</sup> - ( \_\_\_\_\_ d<sup>2</sup> x \_\_\_\_\_ n ) ] = \_\_\_\_\_ Cubic feet of cement required

## 2.0 SLURRY MIX CALCULATIONS

2.1 Calculate Sacks of Cement Type: I & II lbs/sack: 94 ft<sup>3</sup>/sack (mixed): 1.18

3.41 ft<sup>3</sup> (cement - from 1.0) / 1.18 ft<sup>3</sup>/sack (mixed) = 2.89 sacks

2.89 sacks + 2.11 sacks excess ( 73 % required ) = 5 Total sacks required

2.2 Calculate Mix Water

5 Total sacks cement x 5.2 gallons water/sack = 26 gallons of mix water required

2.3 Calculate Additive Amounts

Type \_\_\_\_\_ Total sacks x \_\_\_\_\_ lbs/sack x \_\_\_\_\_ % = \_\_\_\_\_ lbs. required  
Cement Cement Additive Additive  
Type \_\_\_\_\_ Total sacks x \_\_\_\_\_ lbs/sack x \_\_\_\_\_ % = \_\_\_\_\_ lbs. required  
Cement Cement Additive Additive

## 3.0 DISPLACEMENT VOLUME CALCULATIONS

3.1 Balanced Plug Displacement

\_\_\_\_\_ ft. (top of cement) - \_\_\_\_\_ ft. (water level) = \_\_\_\_\_ feet to be displaced

\_\_\_\_\_ ft. (to be displaced) x \_\_\_\_\_ gal/ft. = \_\_\_\_\_ gallons of displacement water required

## 4.0 REMARKS

Report By J. Mansfield

Title Driller

Signature [Signature]

Reviewed By D.E. Skoglie

Title SR. Drilling Engineer

Signature David E. Skoglie

Date 05/12/95



Westinghouse  
Hanford Company

P.O. Box 1970 Richland, WA 99352

April 17, 1996

9651783

Mr. S. Leja, Hydrogeologist  
State of Washington  
Department of Ecology  
1315 West Fourth Avenue  
Kennewick, Washington 99336

Dear Mr. Leja:

WELL DECOMMISSIONING COMPLETION REPORTS

Enclosed please find the Water Well Reports for the completion of decommissioning of the following wells:

199-F2-1; 199-F2-2; 699-S24-19B; 699-81-47; 699-83-36F; 699-97-47;  
699-80-39B; 699-83-36B; 699-83-36C; 699-83-36D; 699-83-36E; 699-83-36;  
699-50-28D; 699-84-61B; 699-96-52; 699-54-18E; 199-B4-2; 199-B4-3;  
699-1B-92-01 through 699-1B-92-24; 699-80-62; 699-97-51B; 199-K-25;  
699-49-12A; 699-49-12B; 699-43-41C; 699-43-42D; 699-43-42H; 699-43-42;  
699-43-42C; 699-43-41D; 699-43-42F; 699-43-42G; 699-43-42E; 699-43-42A; and  
699-43-42B.

Included in this documentation package is the final as-built with a description of the decommissioning process.

Should you have any questions, please contact Mr. D. E. Skoglie of my staff at (509) 373-7496.

Very truly yours,

M. G. Gardner, Manager  
Well Services  
Hanford Technical Services

daf

Attachment

BHI - A. J. Knepp (w/o attachment)

PNL - S. P. Luttrell (w/o attachment)



**B2475 699-83-36B**

# WELL ATTRIBUTES REPORT

<b>WELL ORDER NO</b>			<b>LAST INSPECTION</b>	1/1/1801
<b>WELL ID</b>	<b>B2475</b>		<b>NORTHING</b>	148895.1
<b>WELL NAME</b>	<b>699-83-36B</b>	<b>CONST DATE</b>	<b>EASTING</b>	578851
<b>HOST WELL ID</b>		<b>CONST DEPTH</b>	<b>ELEVATION</b>	128.5

LAST INSPECTION INFORMATION				CURRENT INSPECTION INFORMATION			
WELL PAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL PAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
BENTONITE IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	BENTONITE IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
LAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	COLLAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
SURFACE EROSION	<input type="checkbox"/> MAJOR	<input type="checkbox"/> NONE	<input checked="" type="checkbox"/> ND*	SURFACE EROSION	<input type="checkbox"/> MAJOR	<input type="checkbox"/> NONE	
	<input type="checkbox"/> MINOR	<input checked="" type="checkbox"/> ND*			<input type="checkbox"/> MINOR		
LAST PUMP INFORMATION				CURRENT PUMP INFORMATION			
PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED	<input type="checkbox"/> REPLACED	<input checked="" type="checkbox"/> ND*	PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED	<input type="checkbox"/> REPLACED	
	<input type="checkbox"/> REMOVED				<input type="checkbox"/> REMOVED		
PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
ACTIVITY PERFORMED BY	ND*			ACTIVITY PERFORMED BY			
DATE ACTIVITY PERFORMED				DATE ACTIVITY PERFORMED			
PUMP TYPE	ND*			PUMP TYPE			
PUMP MAKE	ND*			PUMP MAKE			
PUMP MODEL	ND*			PUMP MODEL			
PUMP INTAKE DEPTH (ft)				PUMP INTAKE DEPTH (ft)			
TUBING SIZE (in)				TUBING SIZE (in)			
TUBING MATERIAL	ND*			TUBING MATERIAL			
TUBING LENGTH (ft)				TUBING LENGTH (ft)			
TUBING CONNECTION	ND*			TUBING CONNECTION			

ND\* - Not Documented

6/15/2005

# WELL ATTRIBUTES REPORT

FIELD ORDER NO  
WELL ID B2475  
WELL NAME 699-83-36B  
HOST WELL ID

CONST DATE  
CONST DEPTH

LAST INSPECTION 1/1/1801  
NORTHING 148895.1  
EASTING 578851  
ELEVATION 128.5

## MEASUREMENT INFORMATION

	LAST	CURRENT
<b>A</b> DEPTH TO WATER(ft)		
DEPTH TO WATER DATE		
<b>B</b> DEPTH TO BOTTOM(ft)		
DEPTH TO BOTTOM DATE		
<b>C</b> STICK UP(ft)		
<b>D</b> REFERENCE MARK(ft)		
REFERENCE MARK IS TOC	YES NO <input checked="" type="checkbox"/> ND*	YES NO

## PERFORATION INFORMATION

CASING SIZE	TOP	BOTTOM CUTS/FT/ROUND
-------------	-----	----------------------

## CHANGES

## CASING INFORMATION

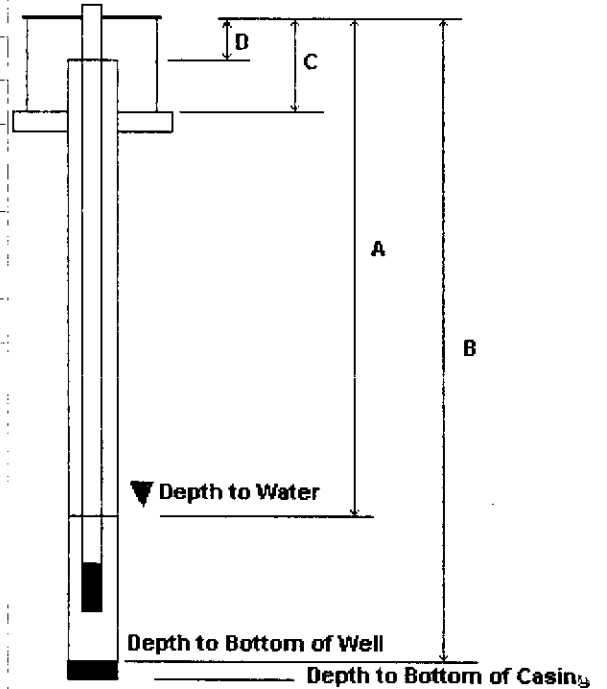
SIZE	TOP	BOTTOM	MATERIAL	TYPE	CONNECTION	THICKNESS
------	-----	--------	----------	------	------------	-----------

## CHANGES

## SCREEN INFORMATION

SIZE	TOP	BOTTOM	MATERIAL	TYPE	SLOT SIZE
------	-----	--------	----------	------	-----------

## CHANGES



- A DEPTH TO WATER FROM TOP OF CASING
- B DEPTH TO BOTTOM OF WELL FROM TOP OF CASING
- C TOP OF CASING TO GROUND SURFACE/PAD
- D TOP OF CASING TO SURVEY REFERENCE MARKER



Westinghouse  
Hanford Company

P.O. Box 1970 Richland, WA 99352

April 17, 1996

9651783

Mr. S. Leja, Hydrogeologist  
State of Washington  
Department of Ecology  
1315 West Fourth Avenue  
Kennewick, Washington 99336

Dear Mr. Leja:

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699-50-28D; 699-84-61B; 699-96-52; 699-54-18E; 199-B4-2; 199-B4-3;  
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699-43-42C; 699-43-41D; 699-43-42F; 699-43-42G; 699-43-42E; 699-43-42A; and  
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Well Services  
Hanford Technical Services

daf

Attachment

BHI - A. J. Knepp (w/o attachment)

PNL - S. P. Luttrell (w/o attachment)



WELL CONSTRUCTION AND COMPLETION SUMMARY			
<b>Drilling</b> Method: <u>Dug</u> Drilling Fluid Used: <u>Not documented</u> Driller's Name: <u>Not documented</u> Drilling Company: <u>Not documented</u> Date Started: <u>Not documented</u>	<b>Sample</b> Method: <u>Not documented</u> Additives Used: <u>Not documented</u> WA State Lic Nr: <u>Not documented</u> Company Location: <u>Unknown</u> Date Complete: <u>Not documented</u>	<b>WELL</b> NUMBER: <u>699-83-36B</u> <u>B2475</u> TEMPORARY WELL NO: _____ Hanford Coordinates: <u>N/S N 83,350.00</u> <u>E/W W 36,125.00</u> State NAD83 Coordinates: N _____ E _____ Start Card #: <u>Not documented</u> T <u>14N</u> R <u>27E</u> S <u>29SW</u> SW Elevation Ground surface: <u>418.00-ft Est.</u>	
Depth to water: _____ (Ground surface) _____			
GENERALIZED No STRATIGRAPHY Documentation Borehole (Depths from ground surface) Decommissioned		Elevation of reference point: (top of cement) <u>[-418.0-ft]</u> Height of reference point (above ground surface) <u>[ 0.00-ft ]</u>	
Decommissioning Activities:	<div style="border: 1px solid black; height: 150px; position: relative;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; background-color: black; opacity: 0.5;"></div> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; text-align: center; vertical-align: middle; color: white;"> <p>[3]</p> <p>[2]</p> </div> </div>	Depth of surface seal <u>[ ND ]</u> No surface seal documented 5-ft Round cement lined cistern: <u>0.0-33.5-ft</u>	
[1] Established depth to bottom, cleaned out to 33.5-ft  [2] Placed 650(50#) bags granulated bentonite 33.5-3-ft  [3] Placed cement cap from 3-ft to surface, set brass marker  [4] Placed cement around outside of structure	Completed: 09/25/95		
DTB= Depth to bottom: 33.5-ft 10May95			
Drawing By: <u>TJW/6N83W36B.ASB</u> Date: <u>13Mar96</u> Reference: <u>HANFORD WELLS</u>			

SUMMARY OF CONSTRUCTION DATA AND FIELD OBSERVATIONS  
RESOURCE PROTECTION WELL - 699-23-36B

WELL DESIGNATION : 699-23-36B  
CERCLA UNIT : Not applicable  
RCRA FACILITY : Not applicable  
HANFORD COORDINATES : N 83,350.00 W 36,125.00  
  
LAMBERT COORDINATES :  
DATE DRILLED : Not documented  
DEPTH DRILLED (GS) : 33.5-ft  
MEASURED DEPTH (GS) : 33.5-ft  
DEPTH TO WATER (GS) : Not determined  
  
CASING DIAMETER : 5.0-ft Round cement cistern  
ELEV TOP CASING : 418.00-ft Estimated  
ELEV GROUND SURFACE : 418.00-ft.  
PERFORATED INTERVAL : None documented  
SCREENED INTERVAL : None documented  
COMMENTS : FIELD INSPECTION, 10May95,  
5.0-ft Round cement cistern, open at top, no cover,  
no pad, no posts  
Not in radiation zone. Extreme safety hazard  
OTHER: Borehole Decommissioned by WHC Well Services: 09/25/95  
  
AVAILABLE LOGS : None  
TV SCAN COMMENTS : Not applicable  
DATE EVALUATED : Not applicable  
EVAL RECOMMENDATION : Extreme safety hazard, decommission  
LISTED USE : Not documented  
CURRENT USER : Not documented  
  
PUMP TYPE : None  
MAINTENANCE : Borehole Decommissioned



ECY 050-1-20 (2/93) \* \* 1

## WHC-SD-EN-AP-161, Rev 0, Appendix F

WELL CONSTRUCTION AND COMPLETION SUMMARY			
<b>Drilling</b> Method: <u>Dug</u> <b>Drilling</b> Fluid Used: <u>Not documented</u> Driller's Name: <u>Not documented</u> <b>Drilling</b> Company: <u>Not documented</u> Date Started: <u>Not documented</u>	<b>Sample</b> Method: <u>Not documented</u> Additives Used: <u>Not documented</u> WA State Lic Nr: <u>Not documented</u> Company Location: <u>Unknown</u> Date Complete: <u>Not documented</u>	<b>WELL</b> NUMBER: <u>699-83-368</u> <u>B2475</u> <b>TEMPORARY</b> WELL NO: _____ Hanford Coordinates: N/S <u>N 83,350.00</u> E/W <u>W 36,125.00</u> State <u>NAD83</u> Coordinates: N _____ E _____ Start Card #: <u>Not documented</u> T <u>14W</u> R <u>27E</u> S <u>29SW</u> SW Elevation Ground surface: <u>418.00-ft Est.</u>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Depth to water: _____ (Ground surface) _____</p> <p>GENERALIZED No STRATIGRAPHY Documentation (Depths from ground surface)</p> <div style="border: 1px solid black; height: 200px; width: 100%; position: relative; margin-top: 10px;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; background-color: white; border: 1px solid black;"></div> <div style="position: absolute; bottom: 0; left: 50%; transform: translateX(-50%);">DTB ▼</div> </div> </div> <div style="width: 50%;"> <p>Elevation of reference point: (top of cement) [<u>418.0-ft</u>]</p> <p>Height of reference point [<u>0.00-ft</u>] above ground surface</p> <p>← Depth of surface seal [ <u>ND</u> ] No surface seal documented</p> <p>← 5-ft Round cement lined cistern: 0.0-33.5-ft</p> </div> </div>			
<p>0-33.5-ft Not documented</p>			
<p>DTB= Depth to bottom: 33.5-ft 10May95</p>			
<div style="border: 1px solid black; padding: 5px;">           Drawing By: <u>TJV/69834368.ASB</u>            Date : <u>21Jun95</u>            Reference : <u>HANFORD WELLS</u> </div>			

<b>WESTINGHOUSE HANFORD COMPANY</b>		<b>EXCAVATION PERMIT</b> <span style="font-size: 1.2em; font-family: cursive;">600-95-035</span>	
<span style="font-size: 1.5em; font-family: cursive;">B2475</span>			
1. Work Package No. RDICA	2. W.O./Project No. FY95 WELL DECOMMISSIONING	3. Location of Excavation 699-83-368 -C, -D, -E, 699-97-47, site numbers 45BN488, 45BN482, 3-164, and 3-151.	
4. Originated By D.E. SKOGLIE		Date 09/19/95	5. Engineering Change Notice (ECN) WHC-SD-EN-AP-161, Rev 0, Appendix F
6. Drawings Required (Identification Numbers) N/A		7. Other Affected Drawings or Documents WELL DECOMMISSIONING PLANNED FOR FOURTH/FIRST QUARTER FISCAL YEAR 1995/1996 WHC WELL	
8. Description of Work DECOMMISSION WELLS PER FITNESS FOR USE CHECKLIST AND WASHINGTON ADMINISTRATIVE CODES (WAC-173-160). WORK WILL BE DOCUMENTED ON FIELD ACTIVITY REPORTS.			
9. Special Instructions or Comments (Including Safety Requirements found in WHC-CM-4-3, CM-8) WORK WILL BE CONDUCTED PER AN APPLICABLE JOB HAZARD ANALYSIS.			
10. Excavation Requirements Planning Checklist (Check appropriate blocks to determine supplemental approvals)			
<u>Will the excavation work:</u>  <div style="display: flex; justify-content: space-between;"> <span>Yes</span> <span>No</span> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> <input checked="" type="checkbox"/> limit access, pedestrian or vehicle, to or from any area or building? (If yes, Occupational Health and Safety approval required.) Block 17         </div> <div style="margin-top: 5px;"> <input type="checkbox"/> <input checked="" type="checkbox"/> be within 25 feet of the center line of the railroad track? (If yes, Track Maintenance approval required.) Block 18         </div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> <input type="checkbox"/> be within the 600 Area? (If yes, 600 Area Landlord approval required.) Block 19         </div> <div style="margin-top: 5px;"> <input type="checkbox"/> <input checked="" type="checkbox"/> be under or immediately adjacent to any high voltage line or switching equipment? (If yes, Electrical Utilities approval required.) Block 20         </div> <div style="margin-top: 5px;"> <input type="checkbox"/> <input checked="" type="checkbox"/> be within or immediately adjacent to the boundaries of a security barrier or will uncover a security system for maintenance or modification? (If yes, Safeguards and Security approval required.) Block 21         </div> <div style="margin-top: 5px;"> <input type="checkbox"/> <input checked="" type="checkbox"/> be performed over, under, or immediately adjacent to any steam, sewer, or water utility lines? (If yes, Steam/Water Utilities approval required.) Block 22         </div> <div style="margin-top: 5px;"> <input type="checkbox"/> <input checked="" type="checkbox"/> be performed in the vicinity of telecommunication lines? (If yes, IRM Plant Telephone approval required.) Block 23         </div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> <input type="checkbox"/> be performed in areas other than existing utilities, buildings, water sites, and those required to remove existing surplus facilities? (If yes, Site Planning approval required.) Block 24         </div>			
11. List Facilities, Services, and Utilities affected by Excavation SUBJECT WELLS WILL BE DECOMMISSIONED PER WAC CODES.		<b>SUPPLEMENTAL APPROVALS</b>	
<b>REQUIRED APPROVALS</b> 12. Cultural Resources Review (all Packages) Date HCRC # 95-600-017 DE Skoglie to Telecom 09/20/95		17. Occupational Health & Safety David Skoglie for T. STONE to Telecom 09/19/95 12:50 09/19/95	
13. Occupational Health & Safety (for W.O./Project Packages only) Date N/A		18. Track Maintenance Date N/A	
RWP Required Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		19. 600 Area Landlord Date R.P. [Signature] 9-19-95	
14. Environmental Assurance (for W.O./Project Packages only) Date [Signature] 9-20-95		20. Electrical Utilities Date N/A	
15. Cognizant Engineer (for W.O./Project Packages only) Date D.E. SKOGLIE / DE Skoglie 09/19/95		21. Safeguards and Security Date N/A	
16. Facility/Plant Manager (for W.O./Project Packages only) Date N/A		22. Steam/Water Utilities Date N/A	
		23. IRM Plant Telephone (24 hours prior to start) Date N/A	
		24. Site Planning Date JF Yancey 9-19-95	

## WHC-SD-EN-AP-161, Rev 0, APPENDIX F

## WELL LOCATION MAP

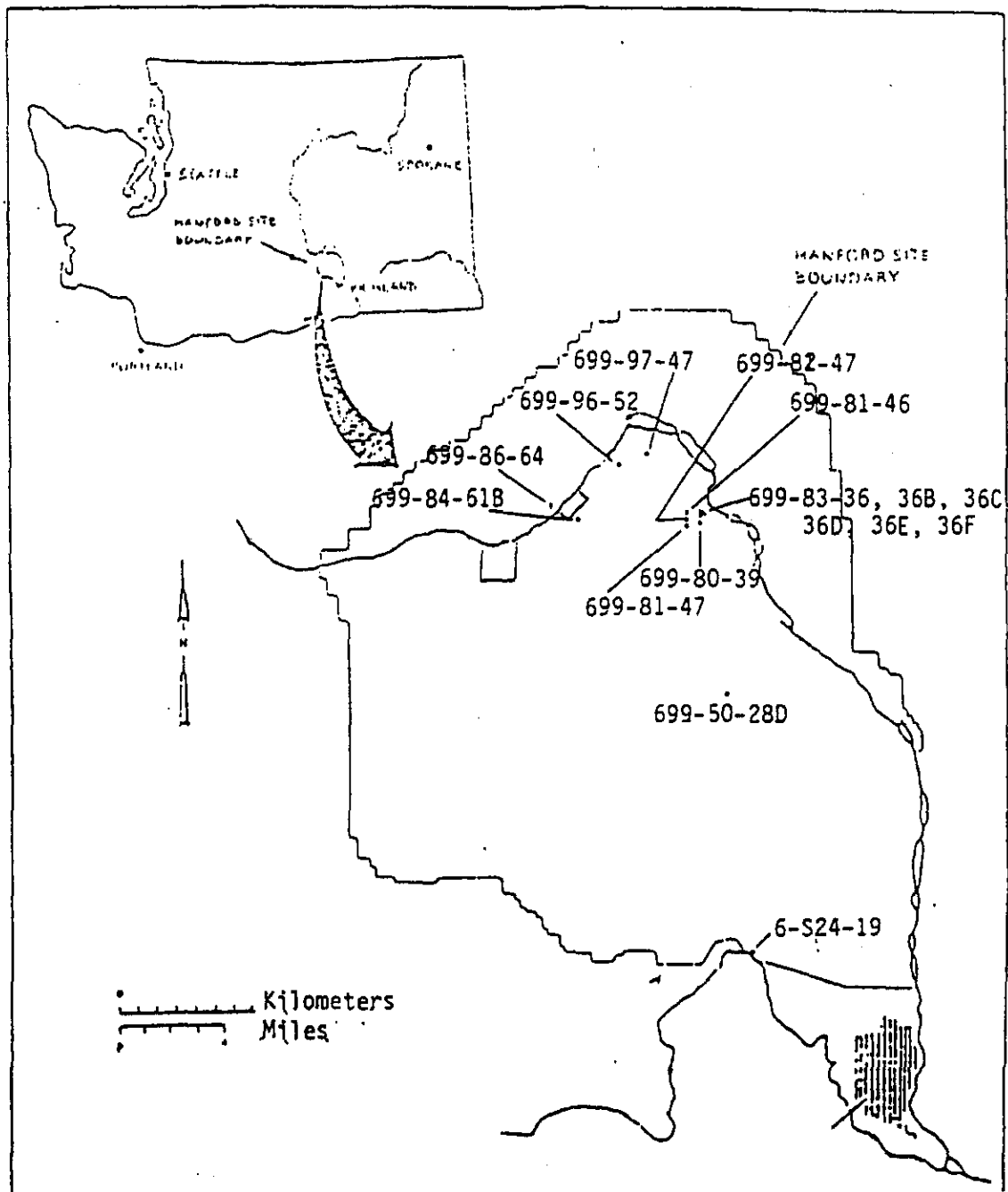
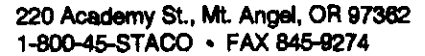


Figure 1. Location Map of Wells Selected for Decommissioning



**Nº 11005**

MATERIALS RECORD			Locking Caps		TIME RECORD	
ment	6 Bags		Bullards		Rigtime 3.25	level
ure Gold			Protective Cover	diam. quan.	Drilling	level
Hole Plug			Flush Mount	diam. quan.	Completion	level
Bentonite Powder	5 170 Bags		Temp Casing	diam. feet	Decon	level
Crumbles			Threaded Casing	diam. feet	Moving	level
Sand			Drive Shoe	diam. feet	Development	level
Pellets			Perm Casing	diam. feet	Site Prep	level
RediMix			4 x 4 Concrete Pad		Standby 1st 2 hrs.	level
D.O.T. Drums			EQUIPMENT RENTALS		Standby after 2 hrs.	level
			Decon Equip.		Samples	level
P.V.C. Well	diam.	sch.	Generator		Pump Hoist	level
			Compressor		Crane Truck	level
S.S. Well	diam.	sch.	Water Truck	✓	Abandonment	level
2.5' Blank			Vac. Truck		Down Hole Casing Cut	
5' Blank			Winch Truck		Extra man hours	level
10' Blank			Forklift	✓	Perdiem	4.45
20' Blank			Backhoe		Travel Time	
5' Screen			Cuttings Tank		Driller	Donny McCall
10' Screen			Sub. Test Pump		Assistants	Therbert / J. Carpenter
20' Screen			OTHER		Consultant	
entralizers			Drum Plant		Danae Speaker	
d Plug					Shift Start	12:45
Slip Caps					Shift End	1:10
					Total Hours	
					3.25	



**NON-RECORD COPY**  
 220 Academy St., Mt. Angel, OR 97362  
**DAILY DRILLING REPORT** 1-800-45-STACO • FAX 845-8274

**WELL SERVICES**

**No 11008**

Staco Job #	945	Day of Week	Monday	Date	9-25-95
Drilling Company	SIGCO	Consulting Firm	FY 95	Well#	82475 699-8336-B
Site	600 Creek	County	Benton	Rig #	61
State				State	W.Va
From	To				
0600	0630	Safety meeting - 13 per wire rope and slings inspection			
0630		Drive to well site and load all empty bags and pallets			
		Terry B. return to pipe yard to pick up more materials			
		Top of wells 6-83-36C, 6-83-36D and 6-83-36E with			
		concrete and place brass markers. Hand dig down			
		2' and 1' wide around well 6-83-36B			
		Dirt removed from around well place in well from 14'5"			
		up to 12' as native soil. Natalie Carlsner with HCR			
	11:00	on site to witness well abandonment.			
11:00		Terry B. returned, place bentonite crumbles from 12' up to			
	12:30	3' from top. 102 Bags used			

MATERIALS RECORD		Locking Caps		TIME RECORD	
ment	64 Bags	Bullards		Rigtime	10 level
ure Gold		Protective Cover	diam. quan.	Drilling	level
Hole Plug		Flush Mount	diam. quan.	Completion	level
Bentonite Powder	25 Bags	Temp Casing	diam. feet	Decon	level
Crumbles		Threaded Casing	diam. feet	Moving	level
Sand		Drive Shoe	diam. feet	Development	level
Pellets		Perm Casing	diam. feet	Site Prep	level
RediMix		4 x 4 Concrete Pad		Standby 1st 2 hrs.	level
D.O.T. Drums		<b>EQUIPMENT RENTALS</b>		Standby after 2 hrs.	level
		Decon Equip.		Samples	level
P.V.C. Well	diam. sch.	Generator		Pump Hoist	level
		Compressor		Crane Truck	level
S.S. Well	diam. sch.	Water Truck	✓	Abandonment	level
2.5' Blank		Vac. Truck		Down Hole Casing Cut	
5' Blank		Winch Truck		Extra man hours	level
10' Blank		Forklift	✓	Perdiem	yes
20' Blank		Backhoe		Travel Time	
5' Screen		Cuttings Tank		Driller	Terry McCoy
10' Screen		Sub. Test Pump		Assistants	Terry Dukes
20' Screen		<b>OTHER</b>		Consultant	Nancy Speakers
entralizers		Grout Plant		Shift Start	06:00
1 Plug				Shift End	16:00
Slip Caps				Total Hours	10

**WELL SERVICES INC.**

**NON-RECORD COPY**

Nº. 11008

[illegible]

## FIELD ACTIVITY REPORT - WELL REMEDIATION AND ABANDONMENT

Page 1 of 1[illegible]



FIELD ACTIVITY REPORT - WELL REMEDIATION AND ABANDONMENT							Page <u>1</u> of <u>1</u>	
Date <b>09/25/95</b>	Well No. <b>699-83-36B</b>	Rig Type/Model <b>Sohram</b>	Rig No. <b>#81</b>	Contract/Work Order No. <b>MBGSWV372778</b>	Start Card No. <b>32076</b>	Report No. <b>B2475-02</b>		
Purpose <b>Decommissioning of well-Install bentonite crumbles cap with cement and install brass locator pin.</b>				Reference -----N/A----- -----N/A-----		Location <b>600 Area</b> -----N/A-----		
Hole Size <b>5"</b>	Casing Size <b>5"</b>	Type <b>Cem.</b>	Set At <b>33.50"</b>		Personnel			
Total Depth <b>33.5"</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>		Operator <u><b>McCoy</b></u> Lic No. <u><b>2222</b></u> Print & Sign Name (Acceptance) <b>T. McCoy/ DGA</b> Other: <b>T. Baker-Helper Staco</b> <b>J. Carpenter-Helper Staco</b> <b>M. Walkup-WHC FTL</b> -----N/A----- -----N/A----- -----N/A----- -----N/A----- -----N/A-----			
Reference/Measuring Point <b>Ground surface.</b> -----N/A-----								
Start Time <b>0600 Hrs.</b>		Materials Used						
End Time <b>1600 Hrs.</b>		<b>102-sacks crumbles</b>						
Time -----N/A-----		<b>64-94.6 lb. sacks cement</b>						
Contractor Time -----N/A-----		<b>250 lbs. bentonite</b>						
Total Time <b>10 Hrs.</b>		-----N/A-----						
Description of Operations/Remarks								
<b>0600-0630: Safety meeting was held by Staco crew. Topics discussed included proper wire rope and strap inspection.</b> -----N/A-----								
<b>0630-1100: Mobilized to wellsite. Loaded all empty bags and pallets. Hand dug around cistern. An excavation 2.00' deep by 1.00' wide was made. N. Cadoret-Tech. Specialist PNL was onsite to witness the excavating.</b> -----N/A-----								
<b>1100-1230: Finished filling the cistern with bentonite crumbles. The crumbles were brought to 3.00' from TOC. 102 bags of bentonite crumbles were used.</b> -----N/A-----								
<b>1230-1400: Set up grouting equipment. Mixed and pumped cement grout. The grout contained 4% powdered bentonite. Cistern was filled from 3.00' to the top. The excavation around the cistern was also filled to ground surface with grout. Installed brass locator pin.</b> -----N/A-----								
<b>1400-1600: Cleaned site, tools and grouting equipment. Loaded all equipment and mobilized to well #699-80-39B.</b> -----N/A-----								
-----N/A-----								
-----N/A-----								
-----N/A-----								
-----N/A-----								
-----N/A-----								
-----N/A-----								
-----N/A-----								
-----N/A-----								
Report By <u><b>M.W. Walkup</b></u>				Reviewed By <u><b>D.E. Skoglie</b></u>				
Title <u><b>Field Team Leader</b></u>				Title <u><b>SR. Drilling Engineer</b></u> Date <u><b>09/29/95</b></u>				
Signature <u><i>[Signature]</i></u>				Signature <u><i>[Signature]</i></u>				

## WHC-SD-EN-AP-161, Rev 0, Appendix F

<b>RESOURCE PROTECTION GROUNDWATER WELL STRUCTURE FITNESS FOR USE CHECKLIST</b>	1. Well No. <u>699-83-368</u> Page 1 of 2
---	--

2. Has a need for use of the well been identified and documented?  
☐ No ; No potential user identified
3. Is well presently in use?  
☐ No ; No use identified
4. Is casing sealed in accordance with IAW WAC 173-160-075?  
☐ No ; No documented annular seal
  - 4a. Natural barriers preserved?  
☐ N/A ; Well terminates within upper sediments
  - 4b. Aquifer/strata penetrated permanently sealed?  
☐ No ; No seals documented
  - 4c. Annulus sealed against surface water?  
☐ No ; No surface seal documented
  - 4d. Casing overlap more than 8 ft; packed and grouted?  
☐ N/A ; Not applicable
5. If not in use, is well capped IAW WAC 173-160-085?  
☐ No ; Not capped
6. Is design and construction IAW WAC 173-160-500?
  - ☐ No ; No annularseal
  - 6a. Saturated formation/aquifers not connected?  
☐ N/A ; Not applicable
  - 6b. Cuttings/development water handled IAW WAC 173-303?  
☐ N/A ; Not applicable
  - 6c. Well properly identified?  
☐ No ; No permanent identification
7. Is surface protection IAW WAC 173-160-510?
  - ☐ No ; No surfaceseal documented
  - 7a. Well capped and protected?  
☐ No ; Not capped or protected
  - 7b. Protective posts, surface pad or cover installed?  
☐ No ; No posts or pad
  - 7c. Surface protection waived or variance obtained?  
☐ N/A ; Not applicable
  - 7d. Is existing surface protection damaged?  
☐ N/A ; Not applicable
8. Are casing materials IAW 173-160-520?  
☐ N/A ; Not applicable
9. Was drill rig/drilling equipment cleaned IAW WAC 173-160-530?
  - ☐ N/A ; Not applicable
  - 9a. Drill rig/equipment casing/screen cleaned?  
☐ N/A ; Not applicable
  - 9b. Filter pack cleaned? Material compatible?  
☐ N/A ; Not applicable

RCRA/CERCLA MONITORING WELL?
------------------------------

10. Does water sample from vertical screened interval represent horizontal stratigraphy?  
☐ N/A ; Not applicable
  - 10a. Screened interval documented?  
☐ N/A ; Not applicable
  - 10b. Vertical lithology documented?  
☐ No ; Not documented

## WHC-SD-EN-AP-161, Rev 0, Appendix F

RESOURCE PROTECTION GROUNDWATER WELL STRUCTURE FITNESS FOR USE CHECKLIST		1. Well No. <b>699-83-36B</b>
		Page 2 of 2
11. Is design and construction (AW WAC 173-180-540)?		
( <u>N/A</u> ) Not applicable		
11a. Screen commercially fabricated of material nonreactive to subsurface conditions?		
( <u>N/A</u> ) Not applicable		
11b. If filter pack installed, extends from bottom of screen to at least 3 ft above screen.		
( <u>N/A</u> ) Not applicable		
11c. Well has been developed.		
( <u>N/A</u> ) Not applicable		
11d. Annulus grouted with bentonite or bentonite/cement mixture.		
( <u>N/A</u> ) Not applicable		
12. Does water sample meet established acceptance criteria?		
Sample is less than 5 NTU and sand free.		
( <u>N/A</u> ) Not applicable		
13. Data Sources Used:		
Logs:		
Driller's: <u>Not documented</u>	Date: _____	Company: _____
Geologist: _____	Date: _____	Company: _____
Geophysical: _____	Date: _____	Company: _____
Television: _____	Date: _____	Company: _____
Publications: Title, Author, Date		
<u>HANFORD WELLS. M. A. Chamness and J. K. Merz, August 1993</u>		
Databases:		
<u>WHC Well Services</u>		
Field Check: <u>Well Services</u>	Date: <u>05/10/95</u>	Company: <u>WHC</u>
Other: _____		
_____		
_____		
14. Comments: Identify evaluation criteria addressed by number:		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
15. Status		
Well is acceptable for intended use	( <u>No</u> )	<u>Well lacks seals</u>
Well is acceptable for intended use if variance is granted	( <u>N/A</u> )	<u>Not applicable</u>
Rehabilitation required to continue intended use	( <u>No</u> )	<u>Not applicable</u>
Remediation required to achieve intended use	( <u>No</u> )	<u>Well has no identified user</u>
Decommission, well is unneeded or cannot be remediated	( <u>Yes</u> )	<u>well has no identified need</u>
Other <u>Extreme safety hazard</u>	( _____ )	<u>open top pit</u>
16. Status Recommendation		
Done By: _____	Name: <u>T. J. Wood</u>	Title: <u>Senior Engineer</u>
		Date: <u>06/30/95</u>

B2472 699-83-36C

# WELL ATTRIBUTES REPORT

<b>WELL ORDER NO</b>		<b>LAST INSPECTION</b>	1/1/1801
<b>WELL ID</b>	<b>B2472</b>	<b>NORTHING</b>	148896.7
<b>WELL NAME</b>	<b>699-83-36C</b>	<b>EASTING</b>	578849.5
<b>HOST WELL ID</b>		<b>ELEVATION</b>	129.5
	<b>CONST DATE</b>		
	<b>CONST DEPTH</b>		

LAST INSPECTION INFORMATION				CURRENT INSPECTION INFORMATION			
WELL PAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL PAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
BENTONITE IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	BENTONITE IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
LAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	COLLAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
SURFACE EROSION	<input type="checkbox"/> MAJOR	<input type="checkbox"/> NONE	<input checked="" type="checkbox"/> ND*	SURFACE EROSION	<input type="checkbox"/> MAJOR	<input type="checkbox"/> NONE	
	<input type="checkbox"/> MINOR	<input checked="" type="checkbox"/> ND*			<input type="checkbox"/> MINOR		
LAST PUMP INFORMATION				CURRENT PUMP INFORMATION			
PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED <input type="checkbox"/> REPLACED <input checked="" type="checkbox"/> ND* <input type="checkbox"/> REMOVED			PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED <input type="checkbox"/> REPLACED <input type="checkbox"/> REMOVED		
PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
ACTIVITY PERFORMED BY	ND*			ACTIVITY PERFORMED BY			
DATE ACTIVITY PERFORMED				DATE ACTIVITY PERFORMED			
PUMP TYPE	ND*			PUMP TYPE			
PUMP MAKE	ND*			PUMP MAKE			
PUMP MODEL	ND*			PUMP MODEL			
PUMP INTAKE DEPTH (ft)				PUMP INTAKE DEPTH (ft)			
TUBING SIZE (in)				TUBING SIZE (in)			
TUBING MATERIAL	ND*			TUBING MATERIAL			
TUBING LENGTH (ft)				TUBING LENGTH (ft)			
TUBING CONNECTION	ND*			TUBING CONNECTION			

ND\* - Not Documented

6/15/2005

# WELL ATTRIBUTES REPORT

**FIELD ORDER NO**  
**WELL ID** B2472  
**WELL NAME** 699-83-36C  
**HOST WELL ID**

**CONST DATE**  
**CONST DEPTH**

**LAST INSPECTION** 1/1/1801  
**NORTHING** 148896.7  
**EASTING** 578849.5  
**ELEVATION** 129.5

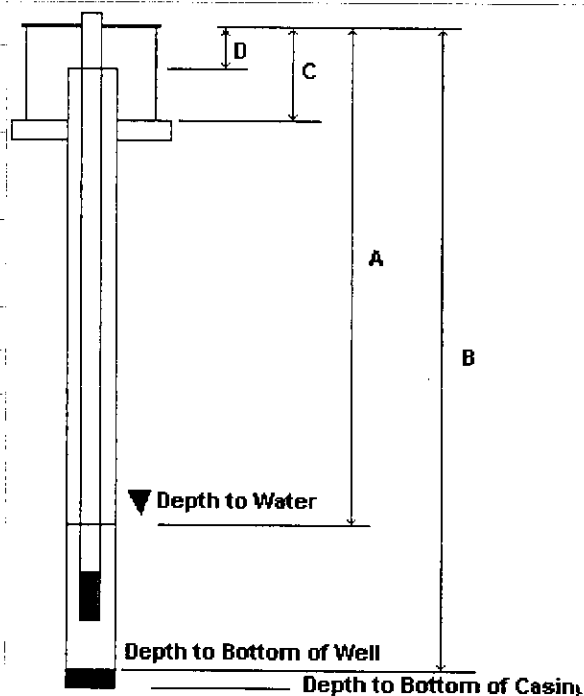
## MEASUREMENT INFORMATION

	LAST	CURRENT
<b>A</b> DEPTH TO WATER(ft)		
DEPTH TO WATER DATE		
<b>B</b> DEPTH TO BOTTOM(ft)		
DEPTH TO BOTTOM DATE		
<b>C</b> STICK UP(ft)		
<b>D</b> REFERENCE MARK(ft)		
REFERENCE MARK IS TOC	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ND* <input type="checkbox"/> YES <input type="checkbox"/> NO	

## PERFORATION INFORMATION

CASING SIZE	TOP	BOTTOM	CUTS/FT/ROUND

### CHANGES



**A** DEPTH TO WATER FROM TOP OF CASING  
**B** DEPTH TO BOTTOM OF WELL FROM TOP OF CASING  
**C** TOP OF CASING TO GROUND SURFACE/PAD  
**D** TOP OF CASING TO SURVEY REFERENCE MARKER

## CASING INFORMATION

SIZE	TOP	BOTTOM	MATERIAL	TYPE	CONNECTION	THICKNESS

### CHANGES

## SCREEN INFORMATION

SIZE	TOP	BOTTOM	MATERIAL	TYPE	SLOT SIZE

### CHANGES



Westinghouse  
Hanford Company

P.O. Box 1970 Richland, WA 99352

April 17, 1996

9651783

Mr. S. Leja, Hydrogeologist  
State of Washington  
Department of Ecology  
1315 West Fourth Avenue  
Kennewick, Washington 99336

Dear Mr. Leja:

WELL DECOMMISSIONING COMPLETION REPORTS

Enclosed please find the Water Well Reports for the completion of decommissioning of the following wells:

199-F2-1; 199-F2-2; 699-S24-19B; 699-81-47; 699-83-36F; 699-97-47;  
699-80-39B; 699-83-36B; 699-83-36C; 699-83-36D; 699-83-36E; 699-83-36;  
699-50-28D; 699-84-61B; 699-96-52; 699-54-18E; 199-B4-2; 199-B4-3;  
699-1B-92-01 through 699-1B-92-24; 699-80-62; 699-97-51B; 199-K-25;  
699-49-12A; 699-49-12B; 699-43-41C; 699-43-42D; 699-43-42H; 699-43-42;  
699-43-42C; 699-43-41D; 699-43-42F; 699-43-42G; 699-43-42E; 699-43-42A; and  
699-43-42B.

Included in this documentation package is the final as-built with a description of the decommissioning process.

Should you have any questions, please contact Mr. D. E. Skoglie of my staff at (509) 373-7496.

Very truly yours,

M. G. Gardner, Manager  
Well Services  
Hanford Technical Services

daf

Attachment

BHI - A. J. Knepp (w/o attachment)

PNL - S. P. Luttrell (w/o attachment)



# WELL CONSTRUCTION AND COMPLETION SUMMARY

Drilling Method: <u>Cable tool</u>	Sample Method: <u>Not documented</u>	WELL NUMBER: <u>699-83-36C</u> <u>B2472</u> TEMPORARY WELL NO: _____
Drilling Fluid Used: <u>Not documented</u>	Additives Used: <u>Not documented</u>	Hanford
Driller's Name: <u>Not documented</u>	WA State Lic Nr: <u>Not documented</u>	Coordinates: N/S <u>N 83,355</u> E/W <u>W 36,130</u>
Drilling Company: <u>Not documented</u>	Company Location: <u>Not documented</u>	State _____
Date _____	Date _____	Coordinates: N _____ E _____
Started: <u>Not documented</u>	Complete: <u>Not documented</u>	Start Card #: <u>Not documented</u> T <u>14N</u> R <u>27E</u> S <u>29SW</u> SW
		Elevation _____
		Ground surface: <u>418.0-ft</u> Estimated

Depth to water: 29.10-ft 10May95  
(Ground surface)

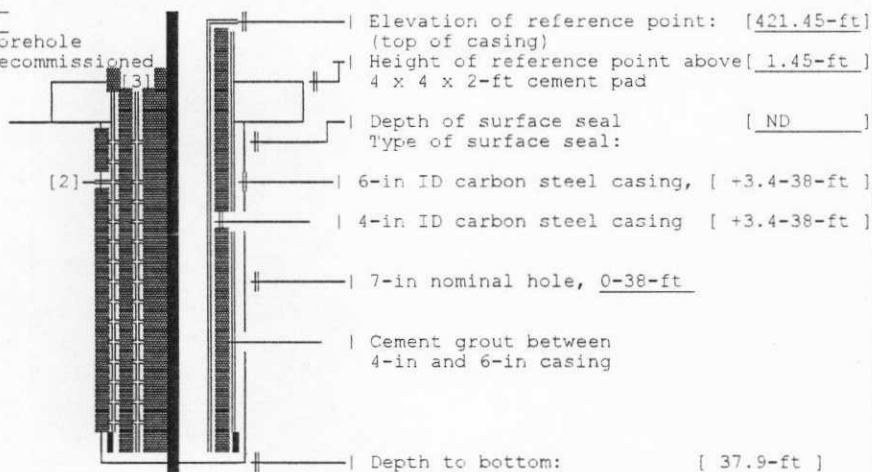
GENERALIZED Not  
STRATIGRAPHY Documented

Borehole  
Decommissioned

## Decommissioning Activities:

- [1] Established depth to bottom 38-ft
- [2] Jet Shot Perforated thru 4/6-in casing, from 3-38-ft
- [3] Placed cement grout from 38-ft back to surface of concrete structure
- [4] Set brass marker at surface

Completed: 09/21/95



Drawing By: TJW/6N83W36C.ASB  
Date : 13Mar96  
Reference : HANFORD WELLS



SUMMARY OF CONSTRUCTION DATA AND FIELD OBSERVATIONS  
RESOURCE PROTECTION WELL - 699-83-36C

WELL DESIGNATION : 699-83-36C  
RCRA FACILITY : Not applicable  
CERCLA UNIT : Not applicable  
HANFORD COORDINATES : N 93,355.00 W 36,130.00  
LAMBERT COORDINATES :  
DATE DRILLED : Not documented  
DEPTH DRILLED (GS) : 38.0-ft  
MEASURED DEPTH (GS) : 37.9-ft  
DEPTH TO WATER (GS) : 29.10-ft, 10May95  
  
CASING DIAMETER : 6-in, carbon steel, +3.45-38.0-ft  
4-in, carbon steel, +3.45-38.0-ft  
ELEV TOP CASING : 421.45-ft  
ELEV GROUND SURFACE : 418.0-ft, Estimated  
PERFORATED INTERVAL : Not applicable  
SCREENED INTERVAL : Not applicable  
COMMENTS : FIELD INSPECTION, 10May95,  
4-in carbon steel casing, with open welded flange installed,  
4 x 4 x 2-ft cement pad, no post, no chain,  
OTHER; Borehole Decommissioned by WHC Well Services: 09/21/95  
  
AVAILABLE LOGS : Not documented  
TV SCAN COMMENTS : Not applicable  
DATE EVALUATED : Not applicable  
EVAL RECOMMENDATION : Decommission  
LISTED USE : Not documented  
CURRENT USER : Not documented  
  
PUMP TYPE : None  
MAINTENANCE : Borehole Decommissioned

<b>WESTINGHOUSE HANFORD COMPANY</b>		<b>EXCAVATION PERMIT</b> <span style="font-size: 1.2em; font-family: cursive;">600-95-035</span>																												
<b>1. Work Package No.</b> RDICA		<b>2. W.O./Project No.</b> FY95 WELL DECOMMISSIONING																												
<b>3. Location of Excavation</b> 699-83-36B, -D, -E, 699-97-47, site numbers 45BN488, 45BN482, 3-164, and 3-151.																														
<b>4. Originated By</b> D.E. SKOGLIE		<b>5. Engineering Change Notice (ECN)</b> WHC-SD-EN-AP-161, Rev 0, Appendix F																												
<b>6. Drawings Required (Identification Numbers)</b> N/A		<b>7. Other Affected Drawings or Documents</b> WELL DECOMMISSIONING PLANNED FOR FOURTH/FIRST QUARTER FISCAL YEAR 1995/1996 WHC WELL																												
<b>8. Description of Work</b> DECOMMISSION WELLS PER FITNESS FOR USE CHECKLIST AND WASHINGTON ADMINISTRATIVE CODES (WAC-173-160). WORK WILL BE DOCUMENTED ON FIELD ACTIVITY REPORTS.																														
<b>9. Special Instructions or Comments (Including Safety Requirements found in WHC-CM-4-3, CM-8)</b> WORK WILL BE CONDUCTED PER AN APPLICABLE JOB HAZARD ANALYSIS.																														
<b>10. Excavation Requirements Planning Checklist (Check appropriate blocks to determine supplemental approvals)</b> Will the excavation work: <table style="width: 100%; border: none;"> <tr> <td style="width: 5%; text-align: center;">Yes</td> <td style="width: 5%; text-align: center;">No</td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>limit access, pedestrian or vehicle, to or from any area or building? (If yes, Occupational Health and Safety approval required.) Block 17</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>be within 25 feet of the center line of the railroad track? (If yes, Track Maintenance approval required.) Block 18</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>be within the 600 Area? (If yes, 600 Area Landlord approval required.) Block 19</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>be under or immediately adjacent to any high voltage line or switching equipment? (If yes, Electrical Utilities approval required.) Block 20</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>be within or immediately adjacent to the boundaries of a security barrier or will uncover a security system for maintenance or modification? (If yes, Safeguards and Security approval required.) Block 21</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>be performed over, under, or immediately adjacent to any steam, sewer, or water utility lines? (If yes, Steam/Water Utilities approval required.) Block 22</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>be performed in the vicinity of telecommunication lines? (If yes, IRM Plant Telephone approval required.) Block 23</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>be performed in areas other than existing utilities, buildings, water sites, and those required to remove existing surplus facilities? (If yes, Site Planning approval required.) Block 24</td> </tr> </table>				Yes	No		<input type="checkbox"/>	<input checked="" type="checkbox"/>	limit access, pedestrian or vehicle, to or from any area or building? (If yes, Occupational Health and Safety approval required.) Block 17	<input type="checkbox"/>	<input checked="" type="checkbox"/>	be within 25 feet of the center line of the railroad track? (If yes, Track Maintenance approval required.) Block 18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	be within the 600 Area? (If yes, 600 Area Landlord approval required.) Block 19	<input type="checkbox"/>	<input checked="" type="checkbox"/>	be under or immediately adjacent to any high voltage line or switching equipment? (If yes, Electrical Utilities approval required.) Block 20	<input type="checkbox"/>	<input checked="" type="checkbox"/>	be within or immediately adjacent to the boundaries of a security barrier or will uncover a security system for maintenance or modification? (If yes, Safeguards and Security approval required.) Block 21	<input type="checkbox"/>	<input checked="" type="checkbox"/>	be performed over, under, or immediately adjacent to any steam, sewer, or water utility lines? (If yes, Steam/Water Utilities approval required.) Block 22	<input type="checkbox"/>	<input checked="" type="checkbox"/>	be performed in the vicinity of telecommunication lines? (If yes, IRM Plant Telephone approval required.) Block 23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	be performed in areas other than existing utilities, buildings, water sites, and those required to remove existing surplus facilities? (If yes, Site Planning approval required.) Block 24
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<b>11. List Facilities, Services, and Utilities affected by Excavation</b> SUBJECT WELLS WILL BE DECOMMISSIONED PER WAC CODES.		<b>SUPPLEMENTAL APPROVALS</b>																												
<b>REQUIRED APPROVALS</b>		<b>17. Occupational Health &amp; Safety</b> David E. Skoglie for T. STONE In Telecom 09/19/95 12:50 Date 09/19/95																												
<b>12. Cultural Resources Review (all Packages)</b> HCRC # 95-600-017 DE Skoglie In Telecom 09/20/95 Date 09/20/95		<b>18. Track Maintenance</b> N/A Date																												
<b>13. Occupational Health &amp; Safety (for W.O./Project Packages only)</b> N/A RWP Required Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		<b>19. 600 Area Landlord</b> R.L. [Signature] Date 9-19-95																												
<b>14. Environmental Assurance (for W.O./Project Packages only)</b> [Signature] Date 9-20-95		<b>20. Electrical Utilities</b> N/A Date																												
<b>15. Cognizant Engineer (for W.O./Project Packages only)</b> D.E. SKOGLIE / DE Skoglie Date 09/19/95		<b>21. Safeguards and Security</b> N/A Date																												
<b>16. Facility/Plant Manager (for W.O./Project Packages only)</b> N/A Date		<b>22. Steam/Water Utilities</b> N/A Date																												
		<b>23. IRM Plant Telephone (24 hours prior to start)</b> N/A Date																												
		<b>24. Site Planning</b> JF Yancey Date 9-19-95																												

WHC-SD-EN-AP-161, Rev 0, APPENDIX F

## WELL LOCATION MAP

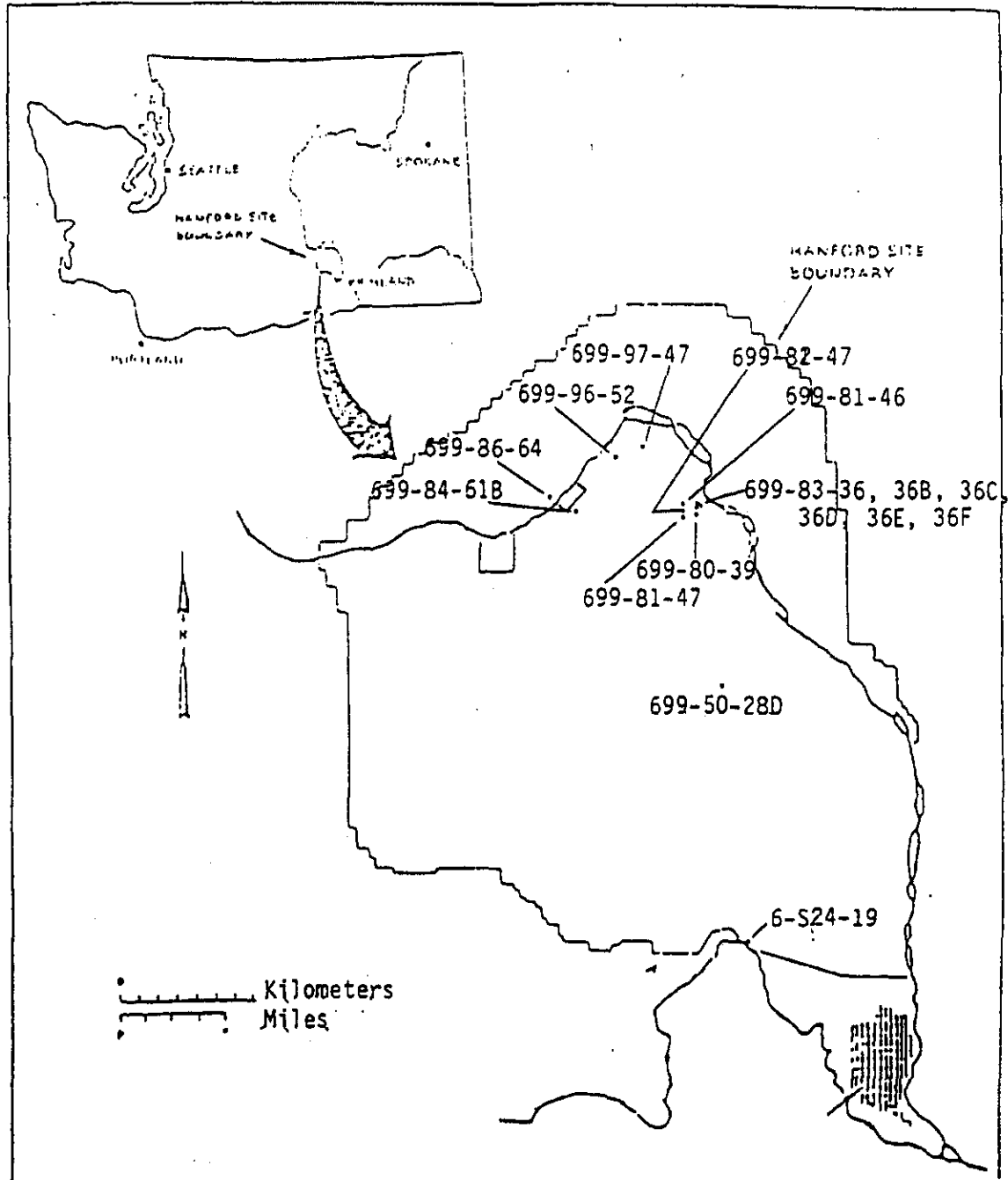


Figure 1. Location Map of Wells Selected for Decommissioning



## DAILY DRILLING REPORT

220 Academy St., Mt. Angel, OR 97362  
1-800-45-STACO • FAX 845-9274

WELL SERVICES

NON-RECORD COPY

Nº 10966

Staco Job #	945	Day of Week	Wednesday	Date	9-20-95
Drilling Company	STACO	Consulting Firm	FY95	Well#	132472 699-8336C
Site	600 Cerra	County	Benton	Rig #	61
State	Wg.				
From	06:00	To	06:30	Safety meeting = Pipes storage of flammable liquids.	
	06:30			Load equipment for set perforating. Calibrate the TMX410	
			08:00	Multi-Gas Monitor. Drive to well site.	
	08:00			Site assessment. Water down a 30' radius around wells.	
				Fabricate flange for lubricator on well # 6-83-36C	
				check well with TMX410 Multi-Gas monitor on 17' L&L	
			10:30	and H <sup>2</sup> S is OK.	
	10:30			Well ground a second time. Set perf. from 38' up to	
				3' fgc in 10 foot sections. 4 perforations per foot.	
			11:30	3/8 inch holes.	
	11:30			Cut off flange and well casing flush with top of	
			11:45	concrete pedestal.	

MATERIALS RECORD		Locking Caps		TIME RECORD	
Cement		Bullards		Rigtime	5.75 level
Pure Gold		Protective Cover	diam. quan.	Drilling	level
Hole Plug		Flush Mount	diam. quan.	Completion	level
Bentonite Powder		Temp Casing	diam. feet	Decon	level
Crumbles		Threaded Casing	diam. feet	Moving	level
Sand		Drive Shoe	diam. feet	Development	level
Pellets		Perm Casing	diam. feet	Site Prep	level
RedMix		4 x 4 Concrete Pad		Standby 1st 2 hrs.	level
D.O.T. Drums		<b>EQUIPMENT RENTALS</b>		Standby after 2 hrs.	level
		Decon Equip.		Samples	level
P.V.C. Well	diam. sch.	Generator		Pump Hoist	level
		Compressor		Crane Truck	level
S.S. Well	diam. sch.	Water Truck	✓	Abandonment	level
2.5' Blank		Vac. Truck		Down Hole Casing Cut	
5' Blank		Winch Truck		Extra man hours	level
10' Blank		Forklift	✓	Perdiem	
20' Blank		Backhoe		Travel Time	
5' Screen		Cuttings Tank		Driller	Terry J. Reed
10' Screen		Sub. Test Pump		Assistants	T. Baker J. Carpenter
20' Screen		<b>OTHER</b>		Consultant	Nancy Speaker
Centralizers		TMX 410 Multi-Gas monitor			
End Plug				Shift Start	06:00
Slip Caps				Shift End	11:45
				Total Hours	5.75

**WELL SERVICES INC.**

**NON-RECORD COPY**

**Nº 11602**

[illegible]

MATERIALS RECORD		Locking Caps		TIME RECORD	
ment	6 Bags	Bullards		Rigtime	2 1/2
ure Gold		Protective Cover	diam. quan.	Drilling	level
Hole Plug		Flush Mount	diam. quan.	Completion	level
Bentonite Powder	120/150/175	Temp Casing	diam. feet	Decon	level
Crumbles		Threaded Casing	diam. feet	Moving	level
Sand		Drive Shoe	diam. feet	Development	level
Pellets		Perm Casing	diam. feet	Site Prep	level
RediMix		4 x 4 Concrete Pad		Standby 1st 2 hrs.	level
D.O.T. Drums		EQUIPMENT RENTALS		Standby after 2 hrs.	level
		Decon Equip.		Samples	level
P.V.C. Well	diam. sch.	Generator		Pump Hoist	level
		Compressor		Crane Truck	level
S.S. Well	diam. sch.	Water Truck	✓	Abandonment	level
2.5' Blank		Vac. Truck		Down Hole Casing Cut	
5' Blank		Winch Truck		Extra man hours	level
10' Blank		Forklift	✓	Perdlem	yes
20' Blank		Backhoe		Travel Time	
5' Screen		Cuttings Tank		Driller	Terry McCall
10' Screen		Sub. Test Pump		Assistants	T. Baker / J. Carpenter
20' Screen		OTHER		Consultant	Narry Speaker
entralizers		Grout Plant		Shift Start	9:15
d Plug				Shift End	10:00
1 Slip Caps				Total Hours 45	

## WHC-SD-EN-AP-161, Rev 0, Appendix F

<b>RESOURCE PROTECTION GROUNDWATER WELL STRUCTURE FITNESS FOR USE CHECKLIST</b>	1. Well No. <u>699-83-36C</u>
	Page 1 of 2

2. Has a need for use of the well been identified and documented?  
☐ No ☐ No potential user identified

3. Is well presently in use?  
☐ No ☐ No use identified

4. Is casing sealed in accordance with IAW WAC 173-180-075?  
☐ No ☐ No documentation of annular seal

4a. Natural barriers preserved?  
☐ N/A ☐ Well terminates within upper sediments

4b. Aquifer/strata penetrated permanently sealed?  
☐ No ☐ No seals documented

4c. Annulus sealed against surface water?  
☐ No ☐ No surface seal documented

4d. Casing overlap more than 8 ft; packed and grouted?  
☐ N/A ☐ Not applicable

5. If not in use, is well capped IAW WAC 173-180-085?  
☐ No ☐ Open top, welded flange

6. Is design and construction IAW WAC 173-180-500?  
☐ No ☐ No annular seal documented

6a. Saturated formation/aquifers not connected?  
☐ N/A ☐ Upper sediment column

6b. Cuttings/development water handled IAW WAC 173-303?  
☐ N/A ☐ Drilled before applicable date of WAC 173-303

6c. Well properly identified?  
☐ No ☐ NO permanent identification

7. Is surface protection IAW WAC 173-180-510?  
☐ No ☐ No surface seal documented

7a. Well capped and protected?  
☐ No ☐ Open top no protection

7b. Protective posts, surface pad or cover installed?  
☐ NO ☐ Concrete pedestal

7c. Surface protection waived or variance obtained?  
☐ N/A ☐ Not applicable

7d. Is existing surface protection damaged?  
☐ N/A ☐ Not applicable

8. Are casing materials IAW 173-180-520?  
☐ N/A ☐ Not applicable

9. Was drill rig/drilling equipment cleaned IAW WAC 173-180-530?  
☐ N/A ☐ Not applicable

9a. Drill rig/equipment casing/screen cleaned?  
☐ N/A ☐ Not applicable

9b. Filter pack cleaned? Material compatible?  
☐ N/A ☐ Not applicable

**RCRA/CERCLA MONITORING WELL?**

10. Does water sample from vertical screened interval represent horizontal stratigraphy?  
☐ N/A ☐ Not applicable

10a. Screened interval documented?  
☐ No ☐ Not documented

10b. Vertical lithology documented?  
☐ No ☐ Not documented



B2472

## WHC-SD-EN-AP-161, Rev 0, Appendix F

RESOURCE PROTECTION GROUNDWATER WELL STRUCTURE FITNESS FOR USE CHECKLIST		1. Well No. <u>699-83-36C</u>
		Page 2 of 2
11. Is design and construction IAW WAC 173-180-540?		
( <u>N/A</u> ) <u>Not applicable</u>		
11a. Screen commercially fabricated of material nonreactive to subsurface conditions?		
( <u>N/A</u> ) <u>Not applicable</u>		
11b. If filter pack installed, extends from bottom of screen to at least 3 ft above screen.		
( <u>N/A</u> ) <u>Not applicable</u>		
11c. Well has been developed.		
( <u>N/A</u> ) <u>Not applicable</u>		
11d. Annulus grouted with bentonite or bentonite/cement mixture.		
( <u>N/A</u> ) <u>Not applicable</u>		
12. Does water sample meet established acceptance criteria?		
Sample is less than 5 NTU and sand free.		
( <u>N/A</u> ) <u>Not applicable</u>		
13. Data Sources Used:		
Logs:	Driller's: <u>Not documented</u>	Date: _____ Company: _____
	Geologist: _____	Date: _____ Company: _____
	Geophysical: _____	Date: _____ Company: _____
	Television: _____	Date: _____ Company: _____
Publications: Title, Author, Date		
<u>HANFORD WELLS, M.A. Chamness and J. K. Merz, August 1993</u>		
Databases:		
<u>WHC Well Services</u>		
Field Check: <u>WHC Well Services</u> Date: <u>05/10/95</u> Company: <u>WHC</u>		
Other:		
_____		
_____		
14. Comments: Identify evaluation criteria addressed by number:		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
15. Status		
Well is acceptable for intended use	( <u>No</u> )	<u>Well lacks seals</u>
Well is acceptable for intended use if variance is granted	( <u>N/A</u> )	<u>Not applicable</u>
Rehabilitation required to continue intended use	( <u>No</u> )	<u>Not applicable</u>
Remediation required to achieve intended use	( <u>No</u> )	<u>Well has no identified user</u>
Decommission, well is unneeded or cannot be remediated	( <u>Yes</u> )	<u>Well has no identified need</u>
Other	( _____ )	_____
16. Status Recommendation		
Done By: Name: <u>T. J. Wood</u>	Title: <u>Senior Engineer</u>	Date: <u>06/30/95</u>

# GROUNDWATER WELL REMEDIATION/ DECOMMISSIONING CHECKLIST

Page 1 of 2

Project No.: <i>FY95 WELL DECOMMISSIONING</i>		Task No.: <i>RDICA</i>	Well No.: <i>B2472- 699-83-36C</i>
WORK PLANNING/INITIATION: <input type="checkbox"/> Remediate <input checked="" type="checkbox"/> Decommission		Completion Date or NR	Attachment Number or NA
Evaluation Checklist Approved: WHC-CM-7-7, EII 6.6, "Resource Protection Well Characterization and Evaluation"		<i>09/19/95</i>	<i>ECN# 611437</i>
Engineering Specification Issued: WHC-CM-6-1, EP-1.2, "Engineering Specifications"		<i>11/23/94</i>	<i>WHC-SD-EN- AP-122</i>
Letter of Instruction Issued: EII 1.15, "Preparation of SOW/LOI"		<i>09/07/93</i>	<i>W372778</i>
Authorization Work Order Issued: WHC-CM-2-5, Section 2.5, "External Work Orders"		<i>NR</i>	<i>NA</i>
Job Safety Analysis Completed: WHC-CM-4-3, Standard A-3, "Prejob Planning" Standard CM-9, "Surface Drilling"		<i>11/15/94</i>	<i>#08294</i>
Hazardous Waste Operations Permit Issued: WHC-CM-7-7, EII 2.1, "Preparation of Hazardous Waste Operations Permits"		<i>NR</i>	<i>NA</i>
Cultural Resources Review Completed/Variance Obtained: WHC-CM-7-5, 12.3, "Historical and Archaeological Site Preservation"		<i>09/20/95</i>	<i>95-600 - 017</i>
Endangered Species Review Completed/Variance Obtained: WHC-CM-7-5, 12.4, "Plant and Wildlife Species on the Hanford Site"		<i>07/19/95</i>	<i>95-600-046</i>
Excavation Permit Obtained: WHC-CM-8-7, Section 503.1, "Excavation Permits"		<i>09/19/95</i>	<i>600-95-035</i>
Radiation Work Permit Obtained: WHC-CM-4-10, Section 8.0, "Radiation Work Requirements and Permits"		<i>NR</i>	<i>NA</i>
ALARA Worksheet Completed WHC-CM-4-11, "ALARA Program Manual"		<i>NR</i>	<i>NA</i>
Start Card Transmitted: WAC 173-160-055, "Well Construction Notification" (Start Card)		<i>7/95</i>	<i>A32073</i>
Work Schedule Completed: Project management software or equivalent		<i>04/95</i>	<i>DEA</i>
Retired Area Entry Permit Obtained: WHC-CM-4-3, Standard G-10, "Retired Hanford Facilities"		<i>NR</i>	<i>NA</i>
Training Requirements Completed: WHC-CM-7-7, EII 1.1, "Hazardous Waste Site Entry Requirements"		<i>04/95</i>	<i>DEA</i>

Comments:

STACD CONTRACT : W372778



APPROVALS: (Print/sign name and date)

*D.E. SKOGIE / David Skogie* *09/20/95*  
Field Team Leader/Drilling Engineer Date



# GROUNDWATER WELL REMEDIATION/ DECOMMISSIONING CHECKLIST

Page 2 of 2

Project No.: FY95 WELL DECOMMISSIONING

Task No.: RDICA

Well No.: 699-83-36C

WORK PERFORMANCE/EVALUATION	Completion Date or NR	Attachment Number or NA
Drilling Rig and Materials Cleaned to Procedures: WHC-CM-7-7, EII 5.4, "Field Decontamination of Drilling, Well Development and Sampling Equipment"	Prejob <u>NR</u> Postjob <u>NA</u>	<u>NA</u>
Material Verifications Completed: Applicable Engineering Specification, No. <u>NA</u> Rev. <u>NA</u> Liner Casing and Centralizers as Specified Cement Grout as Specified Appropriate Well Cap as Specified Air-Entrained Concrete for Pad as Specified Material Packaged and Stored as Specified Lubricants and Drilling Aids as Specified	<u>NR</u> <u>09/21/95</u> <u>NR</u> <u>NR</u> <u>NR</u> <u>NR</u>	<u>NA</u> <u>B2472-02</u> <u>NA</u> <u>NA</u> <u>NA</u> <u>NA</u>
Perforations Completed as Specified: Applicable Engineering Specification	<u>09/20/95</u>	<u>B2472-01</u>
Liner and Grout Installed as Specified: Applicable Engineering Specification	<u>NR</u>	<u>NA</u>
Pad/Posthole Excavation Completed: Applicable Engineering Specification	<u>NR</u>	<u>NA</u>
Concrete Pad, Reinforcing Material, and Inset Marker Cap Installed as Specified: Applicable Engineering Specification	<u>NR</u>	<u>NA</u>
Hasp, Locking Well Cap and Lock Installed as Specified: Applicable Engineering Specification	<u>NR</u>	<u>NA</u>
Guard Posts/Metal Sleeve Installed as Specified: Applicable Engineering Specification	<u>NR</u>	<u>NA</u>
Well Identification Stamped and Correct: Applicable Engineering Specification	<u>09/21/95</u>	<u>B2472-02</u>
Well Reports Complete and Submitted to State: WAC 173-160-050, "Records"	<u>04/17/96</u>	<u>9651783</u>
Survey Complete, Survey Report Received and as Specified: Applicable Engineering Specification	<u>NR</u>	<u>NA</u>
Site Restored: Applicable Engineering Specification	<u>09/21/95</u>	<u>NA</u>
Waste Disposal Controlled, WHC-CM-7-7, EII 4.2/EII 4.3 WHC-CM-7-5, 7.3, "Standards for Nonradioactive, Nonhazardous Solid Waste Disposal:	<u>NR</u>	<u>NA</u>
Well Condition Drawing Transmitted: WHC-CM-1-3, MRP 3.8, "Correspondence and Commitment Control:	<u>04/17/96</u>	<u>9651783</u>

Comments:

NA

APPROVALS: (Print/sign name and date)

D.E. SKOGGIE / [Signature]  
Field Team Leader/Drilling Engineer

04/17/96  
Date

# WATER WELL REPORT

STATE OF WASHINGTON

Start Card No. A32076

UNIQUE WELL I.D. # B2472

Water Right Permit No. N/A

OWNER: Name U. S. Department of Energy Address Richland, Washington 99352

(2) LOCATION OF WELL: County Benton SW 14 SW 14 Sec 29 T. 14 N., R. 27E W.M.

(2a) STREET ADDRESS OF WELL (or nearest address) N/A

(3) PROPOSED USE: ☐ Domestic ☐ Industrial ☐ Municipal ☐  
☐ Irrigation ☐ Test Well ☒ Other ☐  
☐ DeWater

(4) TYPE OF WORK: Owner's number of well (if more than one) 699-83-360

Abandoned ☒ New well ☐ Method: Dug ☐ Bored ☐  
Deepened ☐ Cable ☐ Driven ☐  
Reconditioned ☐ Rotary ☐ Jetted ☐

(5) DIMENSIONS: Diameter of well 7.0 inches.  
Drilled 37.9 feet. Depth of completed well 37.9 ft.

## (6) CONSTRUCTION DETAILS:

Casing installed: 6.0 ft. Diam. from +3.4 ft. to 38.0 ft.  
Welded ☒ Diam. from        ft. to        ft.  
Liner installed ☐ Threading ☐ Diam. from        ft. to        ft.

Perforations: Yes ☒ No ☐

Type of perforator used Jet Shot

SIZE of perforations 3/8 in. by 3/8 in.

4 holes/ft. perforations from 3.0 ft. to 38.0 ft.

perforations from        ft. to        ft.

perforations from        ft. to        ft.

Screens: Yes ☐ No ☒

Manufacturer's Name       

Type        Model No.       

Diam.        Slot size        from        ft. to        ft.

Diam.        Slot size        from        ft. to        ft.

Gravel packed: Yes ☐ No ☒ Size of gravel       

Gravel placed from        ft. to        ft.

Surface seal: Yes ☐ No ☒ To what depth?        ft.

Material used in seal       

Did any strata contain unusable water? Yes ☐ No ☐

Type of water?        Depth of strata       

Method of sealing strata off       

(7) PUMP: Manufacturer's Name N/A  
Type:        H.P.       

(8) WATER LEVELS: Land-surface elevation above mean sea level        ft.

Static level 29.1 ft. below top of well Date 05/95

Artesian pressure        lbs. per square inch Date       

Artesian water is controlled by        (Cap, valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level

Was a pump test made? Yes ☐ No ☐ If yes, by whom?       

Yield:        gal./min. with        ft. drawdown after        hrs.

" " " "

" " " "

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time Water Level Time Water Level Time Water Level

" " " " " "

" " " " " "

Date of test N/A

Ballor test        gal./min. with        ft. drawdown after        hrs.

Airtest        gal./min. with stem set at        ft. for        hrs.

Artesian flow        g.p.m. Date       

Temperature of water        Was a chemical analysis made? Yes ☐ No ☐

## (10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information.

Reference attached as-built.

Work Started 09/20/95 19. Completed 09/21/95 19 95

## WELL CONSTRUCTOR CERTIFICATION:

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME Westinghouse Hanford Company  
(PERSON, FIRM OR CORPORATION) (TYPE OR PRINT)

Address P.O. Box 1970 Richland, WA 99352

(Signed) David C Skoghe License No. 1580  
(WELL DRILLER)

Contractor's Registration No. N/A Date 04/11 19 96

(USE ADDITIONAL SHEETS IF NECESSARY)

Ecology is an Equal Opportunity and Affirmative Action employer. For special accommodation needs, contact the Water Resources Program at (206) 407-6600. The TDD number is (206) 407-6006.

# FIELD ACTIVITY REPORT CEMENT CALCULATIONS

NON-RECORD COPY

Page 1 of 1

Date 9-21-95 Well Number 32472 Continuation of Report No. 82472-02

## 1.0 CEMENT STAGE VOLUME CALCULATIONS

1.1 Cement Volume - Open Hole/Casing 4 ID of casing or diameter of hole, inches = D

32 feet x 0.0408 x 16 D<sup>2</sup> = 20.89 Gallons of cement required

32 feet x 0.005454 x 16 D<sup>2</sup> = 2.79 Cubic feet of cement required

1.2 Cement Volume - Annular Spaces

☐ Between Tubing and Hole (D = Hole diameter, inches; d = OD of Tubing, inches)

☐ Between Casing and Hole (D = Hole diameter, inches; d = OD of Casing, inches)

☐ Between Tubing and Casing (D = ID of Casing, inches; d = OD of Tubing, inches)

☐ Between Casings (D = ID of outer Casing, inches; d = OD of inner Casing, inches)

D =          d =          n = Number of tubing strings

         feet x 0.0408 x [          D<sup>2</sup> - (          d<sup>2</sup> x          n ) ] =          Gallons of cement required

         feet x 0.005454 x [          D<sup>2</sup> - (          d<sup>2</sup> x          n ) ] =          Cubic feet of cement required

## 2.0 SLURRY MIX CALCULATIONS

2.1 Calculate Sacks of Cement Type: I-II lbs/sack: 94 ft<sup>3</sup>/sack (mixed): 155

2.79 ft<sup>3</sup> (cement - from 1.0) / 155 ft<sup>3</sup>/sack (mixed) = 180 sacks

180 sacks + 4.2 sacks excess ) 33 % required) = 6 Total sacks required

2.2 Calculate Mix Water

6 Total sacks cement x 78 gallons water/sack = 468 gallons of mix water required

2.3 Calculate Additive Amounts

Type Bentonite Powder 6 Total sacks x 94 lbs/sack x 4 % = 22.56 lbs. required

Type                   Total sacks x          lbs/sack x          % =          lbs. required

## 3.0 DISPLACEMENT VOLUME CALCULATIONS

3.1 Balanced Plug Displacement

         ft. (top of cement) -          ft. (water level) =          feet to be displaced

         ft. (to be displaced) x          gal/ft. =          gallons of displacement water required

## 4.0 REMARKS

Report By Terry McCoy

Title Driller

Signature Terry McCoy

Reviewed By D.E. Skoglie

Title SP. Drilling Engineer

Date 09/28/95

Signature David E. Skoglie

B2473 699-83-36D

# WELL ATTRIBUTES REPORT

<b>FIELD ORDER NO</b>		<b>LAST INSPECTION</b>	1/1/1801
<b>WELL ID</b>	B2473	<b>NORTHING</b>	148893.3
<b>WELL NAME</b>	699-83-36D	<b>EASTING</b>	578852.5
<b>HOST WELL ID</b>		<b>ELEVATION</b>	129.7
	<b>CONST DATE</b>		
	<b>CONST DEPTH</b>		

LAST INSPECTION INFORMATION				CURRENT INSPECTION INFORMATION			
WELL PAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL PAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
BENTONITE IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	BENTONITE IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
LAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	COLLAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
SURFACE EROSION	<input type="checkbox"/> MAJOR	<input type="checkbox"/> NONE	<input type="checkbox"/> MINOR <input checked="" type="checkbox"/> ND*	SURFACE EROSION	<input type="checkbox"/> MAJOR	<input type="checkbox"/> NONE	<input type="checkbox"/> MINOR
LAST PUMP INFORMATION				CURRENT PUMP INFORMATION			
PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED	<input type="checkbox"/> REPLACED <input checked="" type="checkbox"/> ND*	<input type="checkbox"/> REMOVED	PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED	<input type="checkbox"/> REPLACED	<input type="checkbox"/> REMOVED
PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
ACTIVITY PERFORMED BY	ND*			ACTIVITY PERFORMED BY			
DATE ACTIVITY PERFORMED				DATE ACTIVITY PERFORMED			
PUMP TYPE	ND*			PUMP TYPE			
PUMP MAKE	ND*			PUMP MAKE			
PUMP MODEL	ND*			PUMP MODEL			
PUMP INTAKE DEPTH (ft)				PUMP INTAKE DEPTH (ft)			
TUBING SIZE (in)				TUBING SIZE (in)			
TUBING MATERIAL	ND*			TUBING MATERIAL			
TUBING LENGTH (ft)				TUBING LENGTH (ft)			
TUBING CONNECTION	ND*			TUBING CONNECTION			

ND\* - Not Documented

6/15/2005

# WELL ATTRIBUTES REPORT

FIELD ORDER NO			LAST INSPECTION	1/1/1801
WELL ID	B2473		NORTHING	148893.3
WELL NAME	699-83-36D	CONST DATE	EASTING	578852.5
HOST WELL ID		CONST DEPTH	ELEVATION	129.7

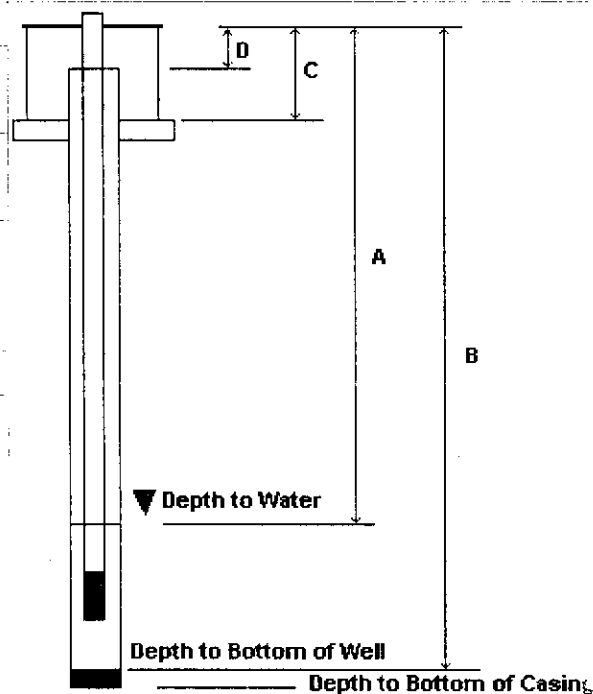
## MEASUREMENT INFORMATION

	LAST	CURRENT
<b>A</b>	DEPTH TO WATER(ft)	
	DEPTH TO WATER DATE	
<b>B</b>	DEPTH TO BOTTOM(ft)	
	DEPTH TO BOTTOM DATE	
<b>C</b>	STICK UP(ft)	
<b>D</b>	REFERENCE MARK(ft)	
	REFERENCE MARK IS TOC <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ND*	<input type="checkbox"/> YES <input type="checkbox"/> NO

## PERFORATION INFORMATION

CASING SIZE	TOP	BOTTOM	CUTS/FT/ROUND

## CHANGES



**A** DEPTH TO WATER FROM TOP OF CASING  
**B** DEPTH TO BOTTOM OF WELL FROM TOP OF CASING  
**C** TOP OF CASING TO GROUND SURFACE/PAD  
**D** TOP OF CASING TO SURVEY REFERENCE MARKER

## CASING INFORMATION

SIZE	TOP	BOTTOM	MATERIAL	TYPE	CONNECTION	THICKNESS

## CHANGES

## SCREEN INFORMATION

SIZE	TOP	BOTTOM	MATERIAL	TYPE	SLOT SIZE

## CHANGES



Westinghouse  
Hanford Company

P.O. Box 1970 Richland, WA 99352

April 17, 1996

9651783

Mr. S. Leja, Hydrogeologist  
State of Washington  
Department of Ecology  
1315 West Fourth Avenue  
Kennewick, Washington 99336

Dear Mr. Leja:

WELL DECOMMISSIONING COMPLETION REPORTS

Enclosed please find the Water Well Reports for the completion of decommissioning of the following wells:

199-F2-1; 199-F2-2; 699-S24-19B; 699-81-47; 699-83-36F; 699-97-47;  
699-80-39B; 699-83-36B; 699-83-36C; 699-83-36D; 699-83-36E; 699-83-36;  
699-50-28D; 699-84-61B; 699-96-52; 699-54-18E; 199-B4-2; 199-B4-3;  
699-1B-92-01 through 699-1B-92-24; 699-80-62; 699-97-51B; 199-K-25;  
699-49-12A; 699-49-12B; 699-43-41C; 699-43-42D; 699-43-42H; 699-43-42;  
699-43-42C; 699-43-41D; 699-43-42F; 699-43-42G; 699-43-42E; 699-43-42A; and  
699-43-42B.

Included in this documentation package is the final as-built with a description of the decommissioning process.

Should you have any questions, please contact Mr. D. E. Skoglie of my staff at (509) 373-7496.

Very truly yours,

M. G. Gardner, Manager  
Well Services  
Hanford Technical Services

daf

Attachment

BHI - A. J. Knepp (w/o attachment)

PNL - S. P. Luttrell (w/o attachment)



# WELL CONSTRUCTION AND COMPLETION SUMMARY

Drilling Method: Cable tool	Sample Method: Not documented	WELL NUMBER: 699-83-36D B2473	TEMPORARY WELL NO:
Drilling Fluid Used: Not documented	Additives Used: Not documented	Hanford	
Driller's Name: Not documented	WA State Lic Nr: Not documented	Coordinates: N/S N 83,344 E/W W 36,120	
Drilling Company: Not documented	Company Location: Not documented	State	
Date	Date	Coordinates: N E	
Started: Not documented	Complete: Not documented	Card #: Not documented	T 14N R 27E S 29SWSW
		Elevation	
		Ground surface: 418.0-ft Estimated	

Depth to water: 28.36-ft 10May95  
(Ground surface)

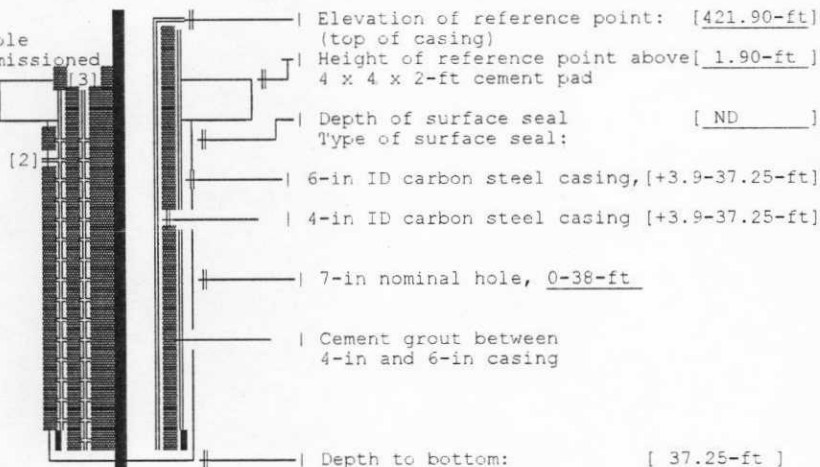
GENERALIZED Not  
STRATIGRAPHY Documented

Borehole  
Decommissioned

## Decommissioning Activities:

- [1] Established depth to bottom cleaned out to 37-ft
- [2] Jet Shot Perforated thru 4/6-in casing, from 37-ft back to 3-ft
- [3] Placed cement grout from 37-ft back to surface of concrete structure
- [4] Set brass marker at surface

Completed: 09/21/95



Drawing By: TJW/6N83W36D.ASB  
Date: 13Mar96  
Reference: HANFORD WELLS



SUMMARY OF CONSTRUCTION DATA AND FIELD OBSERVATIONS  
RESOURCE PROTECTION WELL - 699-83-36D

WELL DESIGNATION : 699-83-36D  
RCRA FACILITY : Not applicable  
CERCLA UNIT : Not applicable  
HANFORD COORDINATES : N 83,344.00 W 36,120.00  
LAMBERT COORDINATES :  
DATE DRILLED : Not documented  
DEPTH DRILLED (GS) : 37.25-ft  
MEASURED DEPTH (GS) : 37.25-ft  
DEPTH TO WATER (GS) : 28.36-ft, 10May95  
  
CASING DIAMETER : 6-in, carbon steel, +3.90-37.25-ft  
4-in, carbon steel, +3.90-37.25-ft  
ELEV TOP CASING : 421.90-ft  
ELEV GROUND SURFACE : 418.0-ft, Estimated  
PERFORATED INTERVAL : Not applicable  
SCREENED INTERVAL : Not applicable  
COMMENTS : FIELD INSPECTION, 10May95,  
4-in carbon steel casing, with open welded flange installed,  
4 x 4 x 2-ft cement pad, no post, no chain,  
OTHER; Borehole Decommissioned by WHC Well Services: 09/21/95  
  
AVAILABLE LOSS : Not documented  
TV SCAN COMMENTS : Not applicable  
DATE EVALUATED : Not applicable  
EVAL RECOMMENDATION : Decommission  
LISTED USE : Not documented  
CURRENT USER : Not documented  
  
PUMP TYPE : None  
MAINTENANCE : Borehole Decommissioned

**WESTINGHOUSE  
HANFORD COMPANY**

**EXCAVATION PERMIT** 600-95-035

82473

1. Work Package No. RDICA	2. W.O./Project No. FY95 WELL DECOMMISSIONING	3. Location of Excavation 699-83-36B, -C, <del>D</del> , -E, 699-97-47, site numbers 45BN488, 45BN482, 3-164, and 3-151.
4. Originated By D.E. SKOGLIE	Date 09/19/95	5. Engineering Change Notice (ECN) WHC-SD-EN-AP-161, Rev 0, Appendix F
6. Drawings Required (Identification Numbers) N/A	7. Other Affected Drawings or Documents WELL DECOMMISSIONING PLANNED FOR FOURTH/FIRST QUARTER FISCAL YEAR 1995/1996 WHC WELL	
8. Description of Work DECOMMISSION WELLS PER FITNESS FOR USE CHECKLIST AND WASHINGTON ADMINISTRATIVE CODES (WAC-173-160). WORK WILL BE DOCUMENTED ON FIELD ACTIVITY REPORTS.		
9. Special Instructions or Comments (Including Safety Requirements found in WHC-CM-4-3, CM-8) WORK WILL BE CONDUCTED PER AN APPLICABLE JOB HAZARD ANALYSIS.		

10. Excavation Requirements Planning Checklist (Check appropriate blocks to determine supplemental approvals)

Will the excavation work:

- |                                     |                                     |  |
|-------------------------------------|-------------------------------------|--|
| Yes                                 | No                                  |  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | limit access, pedestrian or vehicle, to or from any area or building? (If yes, Occupational Health and Safety approval required.) Block 17   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | be within 25 feet of the center line of the railroad track? (If yes, Track Maintenance approval required.) Block 18  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | be within the 600 Area? (If yes, 600 Area Landlord approval required.) Block 19  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | be under or immediately adjacent to any high voltage line or switching equipment? (If yes, Electrical Utilities approval required.) Block 20   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | be within or immediately adjacent to the boundaries of a security barrier or will uncover a security system for maintenance or modification? (If yes, Safeguards and Security approval required.) Block 21 |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | be performed over, under, or immediately adjacent to any steam, sewer, or water utility lines? (If yes, Steam/Water Utilities approval required.) Block 22   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | be performed in the vicinity of telecommunication lines? (If yes, IRM Plant Telephone approval required.) Block 23   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | be performed in areas other than existing utilities, buildings, water sites, and those required to remove existing surplus facilities? (If yes, Site Planning approval required.) Block 24                 |

11. List Facilities, Services, and Utilities affected by Excavation  
SUBJECT WELLS WILL BE DECOMMISSIONED PER WAC CODES.

SUPPLEMENTAL APPROVALS

REQUIRED APPROVALS

12. Cultural Resources Review (all Packages) HCRC # 95-600-017 DE Skoglin & Telecom 09/20/95	Date 09/20/95
13. Occupational Health & Safety (for W.O./Project Packages only) N/A	Date N/A
RWP Required Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
14. Environmental Assurance (for W.O./Project Packages only) J.M. Williams 9-20-95	Date 9-20-95
15. Cognizant Engineer (for W.O./Project Packages only) D.E. SKOGLIE/DE Skoglin	Date 09/19/95
16. Facility/Plant Manager (for W.O./Project Packages only) N/A	Date N/A

17. Occupational Health & Safety David L. Skoglin for T. STONE In Telecom 09/19/95 12:50	Date 09/19/95
18. Track Maintenance N/A	Date N/A
19. 600 Area Landlord R.P. [Signature]	Date 9-19-95
20. Electrical Utilities N/A	Date N/A
21. Safeguards and Security N/A	Date N/A
22. Steam/Water Utilities N/A	Date N/A
23. IRM Plant Telephone (24 hours prior to start) N/A	Date N/A
24. Site Planning J.F. Yancey	Date 9-19-95

## WHC-SD-EN-AP-161, Rev 0, APPENDIX F

## WELL LOCATION MAP

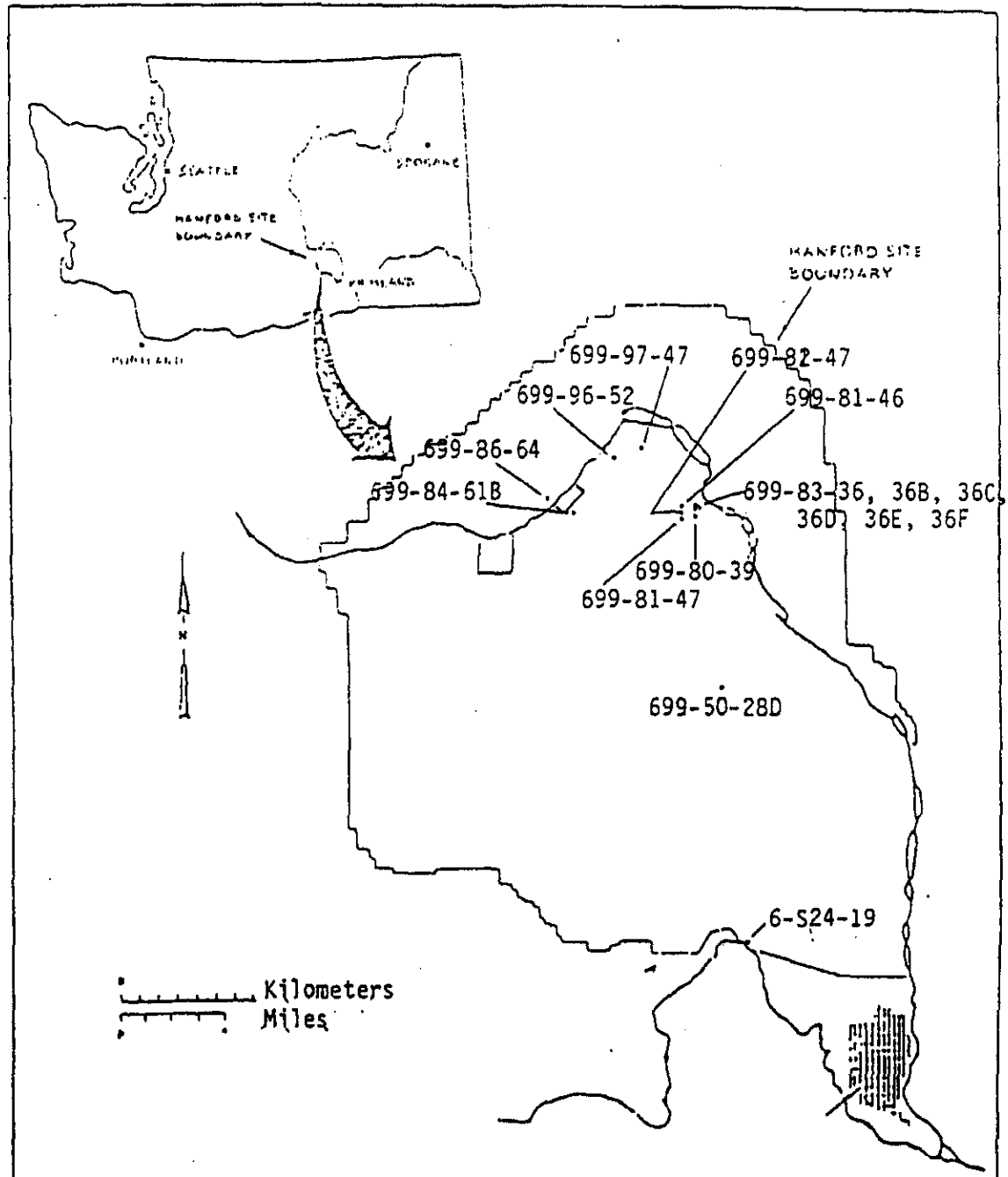


Figure 1. Location Map of Wells Selected for Decommissioning



# NON-RECORD COPY DAILY DRILLING REPORT

220 Academy St., Mt. Angel, OR 97362  
1-800-45-STACO • FAX 845-9274

## WELL SERVICES

Nº 10972

Staco Job #	945	Day of Week	Wednesday	Date	9-20-95
Drilling Company	STACO	Consulting Firm	FY 95	Well#	B2473 699-83-360
Site	600 Cree	County	Benton	Rig #	61
State		State	Wa.		
From	To				
11:45		Water down 930' radius around wells. Weld flange on			
	12:00	To well 6-83-36D.			
12:00		Set pipe from 38' up to 3' fgc. in 10' sections.			
	1300	4 Perforations per foot. 3/8" holes.			
13:00		Cut off flange and well casing flush with top of			
	13:15	concrete pedestal.			
		well check with TX 410 Multi-Gas Monitor			
		oxy, LEL and H <sub>2</sub> S is OK.			

MATERIALS RECORD		Locking Caps		TIME RECORD	
nent		Bullards		Rigtime	1.5 level
ure Gold		Protective Cover	diam. quan.	Drilling	level
Hole Plug		Flush Mount	diam. quan.	Completion	level
Bentonite Powder		Temp Casing	diam. feet	Decon	level
Crumbles		Threaded Casing	diam. feet	Moving	level
Sand		Drive Shoe	diam. feet	Development	level
Pellets		Perm Casing	diam. feet	Site Prep	level
RediMix		4 x 4 Concrete Pad		Standby 1st 2 hrs.	level
B.O.T. Drums		<b>EQUIPMENT RENTALS</b>		Standby after 2 hrs.	level
		Decon Equip.		Samples	level
P.V.C. Well	diam. sch.	Generator		Pump Hoist	level
		Compressor		Crane Truck	level
S.S. Well	diam. sch.	Water Truck	✓	Abandonment	level
2.5' Blank		Vac. Truck		Down Hole Casing Cut	
5' Blank		Winch Truck		Extra man hours	level
10' Blank		Forklift	✓	Perdiem	
20' Blank		Backhoe		Travel Time	
5' Screen		Cuttings Tank		Driller	Terry McCoy
10' Screen		Sub. Test Pump		Assistants	T. Baker & Carpenter
20' Screen		<b>OTHER</b>		Consultant	Nancy Speaker
utralizers		TX 410 Multi-Gas Monitor		Shift Start	11:45
J Plug				Shift End	13:15
Slip Caps				Total Hours 1.5	

**NON-RECORD COPY**  
**DAILY DRILLING REPORT**

220 Academy St., Mt. Angel, OR 97362  
1-800-45-STACO • FAX 845-9274

**WELL SERVICES**

Nº 11004

[illegible]

MATERIALS RECORD			TIME RECORD	
ment	6 Bags		Bullards	Rigtime 2.5 level
ure Gold			Protective Cover diam. quan.	Drilling level
Hole Plug			Flush Mount diam. quan.	Completion level
Bentonite Powder	3 120 lbs. Bags		Temp Casing diam. feet	Decon level
Crumbles			Threaded Casing diam. feet	Moving level
Sand			Drive Shoe diam. feet	Development level
Pellets			Perm Casing diam. feet	Site Prep level
RediMix			4 x 4 Concrete Pad	Standby 1st 2 hrs. level
D.O.T. Drums			EQUIPMENT RENTALS	
			Decon Equip.	Standby after 2 hrs. level
P.V.C. Well	diam. sch.		Generator	Samples level
			Compressor	Pump Holst level
S.S. Well	diam. sch.		Water Truck ✓	Crane Truck level
2.5' Blank			Vac. Truck	Abandonment level
5' Blank			Winch Truck	Down Hole Casing Cut
10' Blank			Forklift ✓	Extra man hours level
20' Blank			Backhoe	Perdiem 485
5' Screen			Cuttings Tank	Travel Time
10' Screen			Sub. Test Pump	Driller J. W. McCarty
20' Screen				Assistants J. Baker / J. Carter
			OTHER	Consultant
entralizers			Grout Plant	Nancy Sparker
id Plug				Shift Start 10:5
Slip Caps				Shift End 12:45
				Total Hours 2.5

# NON-RECORD COPY

FIELD ACTIVITY REPORT - WELL REMEDIATION AND ABANDONMENT						Page <u>1</u> of <u>1</u>	
Date <b>09/20/95</b>	Well No. <b>699-83-36D</b>	Rig Type/Model <b>Schram</b>	Rig No. <b>#81</b>	Contract/Work Order No. <b>MBGSWV372778</b>	Start Card No. <b>32076</b>	Report No. <b>B2473-01</b>	
Purpose <b>Decommissioning of well-Jet Shot perforate casing.</b>				Reference <b>N/A</b>		Location <b>600 Area</b>	
<b>N/A</b>				<b>N/A</b>		<b>N/A</b>	
Hole Size <b>7"</b>	Casing Size <b>6"</b>	Type <b>C.S.</b>	Set At <b>38.00'</b>		Personnel Operator <u><b>McCoy</b></u> Lic No. <u><b>2222</b></u> Print & Sign Name (Acceptance) <b>T. McCoy / DED for</b> Other: <b>T. Baker-Helper Staco</b> <b>J. Carpenter-Helper Staco</b> <b>M. Walkup-WHC FTL</b>		
Total Depth <b>38.0'</b>	<b>4"</b>	<b>C.S.</b>	<b>38.00'</b>				
<b>N/A</b>		<b>N/A</b>					
Reference/Measuring Point <b>Ground surface.</b>				<b>N/A</b>			
Start Time <b>1145 Hrs.</b>		Materials Used		<div style="border: 1px solid black; padding: 5px; width: 100px; float: right; text-align: center;"> <b>IL</b> </div>			
End Time <b>1315 Hrs.</b>		<b>N/A</b>					
Time <b>N/A</b>		<b>N/A</b>					
Contractor Time <b>N/A</b>		<b>N/A</b>					
Total Time <b>1.5 Hrs.</b>		<b>N/A</b>					
Description of Operations/Remarks							
<b>1145-1315: Watered down a 30.00' radius around the well. Checked well with TMX-410 Multi Gas Monitor. No problems noted. Welded on flange for lubricator to be used for perforating. Wet down a 30.00' radius around the well again. Jet Shot perforated the well from 3.00' to 38.00'. The Jet Shot perforator makes 3/8"x3/8"x4 holes/ft. Cut off flange and also cut off the wellcasing flush with the top of the concrete pedestal. See attached WHC "Hotwork Permit" which was used for all cutting and welding activities.</b>							
<b>N/A</b>							
<b>N/A</b>							
<b>N/A</b>							
<b>N/A</b>							
<b>N/A</b>							
<b>N/A</b>							
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<b>N/A</b>							
<b>N/A</b>							
<b>N/A</b>							
<b>N/A</b>							
<b>N/A</b>							
<b>N/A</b>							
Report By <u><b>M.W. Walkup</b></u>				Reviewed By <u><b>D.E. Skoglie</b></u>			
Title <u><b>Field Team Leader</b></u>				Title <u><b>SR. Drilling Engineer</b></u> Date <u><b>09/28/95</b></u>			
Signature <u><i>[Signature]</i></u>				Signature <u><i>[Signature]</i></u>			

[illegible]

## WHC-SD-EN-AP-161, Rev 0, Appendix F

RESOURCE PROTECTION GROUNDWATER WELL STRUCTURE FITNESS FOR USE CHECKLIST		1. Well No. <b>699-83-36D</b>
		Page 1 of 2
2. Has a need for use of the well been identified and documented? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No potential user identified</u>		
3. Is well presently in use? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No use identified</u>		
4. Is casing sealed in accordance with IAW WAC 173-180-075? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No documentation of annular seal</u>		
4a. Natural barriers preserved? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Well terminates within upper sediments</u>		
4b. Aquifer/strata penetrated permanently sealed? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No seals documented</u>		
4c. Annulus sealed against surface water? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No surface seal documented</u>		
4d. Casing overlap more than 8 ft: packed and grouted? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>		
5. If not in use, is well capped IAW WAC 173-180-085? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>Open top, welded flange</u>		
6. Is design and construction IAW WAC 173-180-500? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No annular seal documented</u>		
6a. Saturated formation/aquifers not connected? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Upper sediment column</u>		
6b. Cuttings/development water handled IAW WAC 173-303? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Drilled before applicable date of WAC 173-303</u>		
6c. Well properly identified? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>NO permanent identification</u>		
7. Is surface protection IAW WAC 173-180-510? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>No surface seal documented</u>		
7a. Well capped and protected? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>Open top no protection</u>		
7b. Protective posts, surface pad or cover installed? <input type="checkbox"/> <u>NO</u> <input type="checkbox"/> <u>Concrete pedestal</u>		
7c. Surface protection waived or variance obtained? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>		
7d. Is existing surface protection damaged? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>		
8. Are casing materials IAW 173-180-520? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>		
9. Was drill rig/drilling equipment cleaned IAW WAC 173-180-530? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>		
9a. Drill rig/equipment casing/screen cleaned? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>		
9b. Filter pack cleaned? Material compatible? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>		
<b>RCRA/CERCLA MONITORING WELL?</b>		
10. Does water sample from vertical screened interval represent horizontal stratigraphy? <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>Not applicable</u>		
10a. Screened interval documented? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>Not documented</u>		
10b. Vertical lithology documented? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>Not documented</u>		





## WHC-SD-EN-AP-161, Rev 0, Appendix F

<b>RESOURCE PROTECTION GROUNDWATER WELL STRUCTURE FITNESS FOR USE CHECKLIST</b>		1. Well No. <b>699-83-36D</b>
		Page 2 of 2
<b>11. Is design and construction IAW WAC 173-160-5407</b> ( <u>N/A</u> ) <u>Not applicable</u>		
11a. Screen commercially fabricated of material nonreactive to subsurface conditions? ( <u>N/A</u> ) <u>Not applicable</u>		
11b. If filter pack installed, extends from bottom of screen to at least 3 ft above screen. ( <u>N/A</u> ) <u>Not applicable</u>		
11c. Well has been developed. ( <u>N/A</u> ) <u>Not applicable</u>		
11d. Annulus grouted with bentonite or bentonite/cement mixture. ( <u>N/A</u> ) <u>Not applicable</u>		
<b>12. Does water sample meet established acceptance criteria?</b> Sample is less than 5 NTU and sand free. ( <u>N/A</u> ) <u>Not applicable</u>		
<b>13. Data Sources Used:</b>		
Logs:		
Driller's: <u>Not documented</u>	Date: _____	Company: _____
Geologist: _____	Date: _____	Company: _____
Geophysical: _____	Date: _____	Company: _____
Television: _____	Date: _____	Company: _____
Publications: Title, Author, Date		
<u>HANFORD WELLS, M.A. Chamness and J. K. Merz, August 1993</u>		
Databases:		
<u>WHC Well Services</u>		
Field Check: <u>WHC Well Services</u>	Date: <u>05/10/95</u>	Company: <u>WHC</u>
Other: _____		
_____		
_____		
<b>14. Comments: Identify evaluation criteria addressed by number:</b>		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
<b>15. Status</b>		
Well is acceptable for intended use	( <u>No</u> )	<u>Well lacks seals</u>
Well is acceptable for intended use if variance is granted	( <u>N/A</u> )	<u>Not applicable</u>
Rehabilitation required to continue intended use	( <u>No</u> )	<u>Not applicable</u>
Remediation required to achieve intended use	( <u>No</u> )	<u>Well has no identified user</u>
Decommission, well is unneeded or cannot be remediated	( <u>Yes</u> )	<u>Well has no identified need</u>
Other _____	( _____ )	_____
<b>16. Status Recommendation</b>		
Done By: Name: <u>T. J. Wood</u>	Title: <u>Senior Engineer</u>	Date: <u>06/30/95</u>



# GROUNDWATER WELL REMEDIATION/ DECOMMISSIONING CHECKLIST

Page 1 of 2

Project No.: <i>FY 95 WELL DECOMMISSIONING</i>		Task No.: <i>RDICA</i>	Well No.: <i>B2473 699-83-362</i>
WORK PLANNING/INITIATION: <input type="checkbox"/> Remediate <input checked="" type="checkbox"/> Decommission		Completion Date or NR	Attachment Number or NA
Evaluation Checklist Approved: WHC-CM-7-7, EII 6.6, "Resource Protection Well Characterization and Evaluation"		<i>09/19/95</i>	<i>ECN* 611437</i>
Engineering Specification Issued: WHC-CM-6-1, EP-1.2, "Engineering Specifications"		<i>11/23/94</i>	<i>WHC-SD-EN-AP-122</i>
Letter of Instruction Issued: EII 1.15, "Preparation of SOW/LOI"		<i>09/07/93</i>	<i>W 372778</i>
Authorization Work Order Issued: WHC-CM-2-5, Section 2.5, "External Work Orders"		<i>NR</i>	<i>NA</i>
Job Safety Analysis Completed: WHC-CM-4-3, Standard A-3, "Prejob Planning" Standard CM-9, "Surface Drilling"		<i>11/15/94</i>	<i># 08294</i>
Hazardous Waste Operations Permit Issued: WHC-CM-7-7, EII 2.1, "Preparation of Hazardous Waste Operations Permits"		<i>NR</i>	<i>NA</i>
Cultural Resources Review Completed/Variance Obtained: WHC-CM-7-5, 12.3, "Historical and Archaeological Site Preservation"		<i>09/20/95</i>	<i>95-600-017</i>
Endangered Species Review Completed/Variance Obtained: WHC-CM-7-5, 12.4, "Plant and Wildlife Species on the Hanford Site"		<i>07/19/95</i>	<i>95-600-046</i>
Excavation Permit Obtained: WHC-CM-8-7, Section 503.1, "Excavation Permits"		<i>09/19/95</i>	<i>600-95-035</i>
Radiation Work Permit Obtained: WHC-CM-4-10, Section 8.0, "Radiation Work Requirements and Permits"		<i>NR</i>	<i>NA</i>
ALARA Worksheet Completed WHC-CM-4-11, "ALARA Program Manual"		<i>NR</i>	<i>NA</i>
Start Card Transmitted: WAC 173-160-055, "Well Construction Notification" (Start Card)		<i>7/95</i>	<i>A 32073</i>
Work Schedule Completed: Project management software or equivalent		<i>04/95</i>	<i>DEA</i>
Retired Area Entry Permit Obtained: WHC-CM-4-3, Standard G-10, "Retired Hanford Facilities"		<i>NR</i>	<i>NA</i>
Training Requirements Completed: WHC-CM-7-7, EII 1.1, "Hazardous Waste Site Entry Requirements"		<i>04/95</i>	<i>DEA</i>

Comments:

*STACO CONTRACT : W 372778*



APPROVALS: (Print/sign name and date)

*David E. Hoaglin* *09/20/95*  
Field Team Leader/Drilling Engineer Date

# GROUNDWATER WELL REMEDIATION/ DECOMMISSIONING CHECKLIST

Page 2 of 2

Project No.: FY95 WELL DECOMMISSIONING

Task No.: RDICA

Well No.: 699-83-36D

WORK PERFORMANCE/EVALUATION	Completion Date or NR	Attachment Number or NA
Drilling Rig and Materials Cleaned to Procedures: WHC-CM-7-7, EII 5.4, "Field Decontamination of Drilling, Well Development and Sampling Equipment"	Prejob <u>NR</u> Postjob <u>NR</u>	<u>NA</u>
Material Verifications Completed: Applicable Engineering Specification, No. <u>NA</u> Rev. <u>NA</u> Liner Casing and Centralizers as Specified Cement Grout as Specified Appropriate Well Cap as Specified Air-Entrained Concrete for Pad as Specified Material Packaged and Stored as Specified Lubricants and Drilling Aids as Specified	<u>NR</u> <u>09/21/95</u> <u>NR</u> <u>NR</u> <u>NR</u> <u>NR</u>	<u>NA</u> <u>B2473-02</u> <u>NA</u> <u>NA</u> <u>NA</u> <u>NA</u>
Perforations Completed as Specified: Applicable Engineering Specification	<u>09/20/95</u>	<u>B2473-01</u>
Liner and Grout Installed as Specified: Applicable Engineering Specification	<u>NR</u>	<u>NA</u>
Pad/Posthole Excavation Completed: Applicable Engineering Specification	<u>NR</u>	<u>NA</u>
Concrete Pad, Reinforcing Material, and Inset Marker Cap Installed as Specified: Applicable Engineering Specification	<u>NR</u>	<u>NA</u>
Hasp, Locking Well Cap and Lock Installed as Specified: Applicable Engineering Specification	<u>NR</u>	<u>NA</u>
Guard Posts/Metal Sleeve Installed as Specified: Applicable Engineering Specification	<u>NR</u>	<u>NA</u>
Well Identification Stamped and Correct: Applicable Engineering Specification	<u>09/21/95</u>	<u>B2473-02</u>
Well Reports Complete and Submitted to State: WAC 173-160-050, "Records"	<u>04/17/96</u>	<u>9651783</u>
Survey Complete, Survey Report Received and as Specified: Applicable Engineering Specification	<u>NR</u>	<u>NA</u>
Site Restored: Applicable Engineering Specification	<u>09/21/95</u>	<u>DEA</u>
Waste Disposal Controlled, WHC-CM-7-7, EII 4.2/EII 4.3 WHC-CM-7-5, 7.3, "Standards for Nonradioactive, Nonhazardous Solid Waste Disposal:	<u>NR</u>	<u>NA</u>
Well Condition Drawing Transmitted: WHC-CM-1-3, MRP 3.8, "Correspondence and Commitment Control:	<u>04/17/96</u>	<u>9651783</u>

Comments:

NA

APPROVALS: (Print/sign name and date)

D.E. SKOGLIE / David E Skoglie 04/17/96

Field Team Leader/Drilling Engineer

Date

ECY 050-1-20 (5/93) \* \* 1

# FIELD ACTIVITY REPORT - CEMENT CALCULATIONS

**NON-RECORD COPY**

Page 1 of 1

Date 9-21-95 Well Number B2473  
699-83-36D Continuation of Report No. B2473-02

## 1.0 CEMENT STAGE VOLUME CALCULATIONS

1.1 Cement Volume - Open Hole/Casing 4 ID of casing or diameter of hole, inches = D

32.3 feet x 0.0408 x 16 D<sup>2</sup> = 21.69 Gallons of cement required

32.3 feet x 0.005454 x 16 D<sup>2</sup> = 2.80 Cubic feet of cement required

1.2 Cement Volume - Annular Spaces

- ☐ Between Tubing and Hole (D = Hole diameter, inches; d = OD of Tubing, inches)  
☐ Between Casing and Hole (D = Hole diameter, inches; d = OD of Casing, inches)  
☐ Between Tubing and Casing (D = ID of Casing, inches; d = OD of Tubing, inches)  
☐ Between Casings (D = ID of outer Casing, inches; d = OD of inner Casing, inches)

D =          d =          n = Number of tubing strings

         feet x 0.0408 x [          D<sup>2</sup> - (          d<sup>2</sup> x          n ) ] =          Gallons of cement required

         feet x 0.005454 x [          D<sup>2</sup> - (          d<sup>2</sup> x          n ) ] =          Cubic feet of cement required

## 2.0 SLURRY MIX CALCULATIONS

2.1 Calculate Sacks of Cement Type: I-II lbs/sack: 94 ft<sup>3</sup>/sack (mixed): 1.55

2.80 ft<sup>3</sup> (cement - from 1.0) / 1.55 ft<sup>3</sup>/sack (mixed) = 1.82 sacks

1.82 sacks + 3.18 sacks excess ) 58 % required) = 6 Total sacks required

2.2 Calculate Mix Water

6 Total sacks cement x 7.8 gallons water/sack = 46.8 gallons of mix water required

2.3 Calculate Additive Amounts

Type Bentonite 6 Total sacks x 94 lbs/sack x 4 % = 2256 lbs. required  
6 Cement Additive Additive

Type                   Total sacks x          lbs/sack x          % =          lbs. required  
         Cement Additive Additive

## 3.0 DISPLACEMENT VOLUME CALCULATIONS

3.1 Balanced Plug Displacement

         ft. (top of cement) -          ft. (water level) =          feet to be displaced

         ft. (to be displaced) x          gal/ft. =          gallons of displacement water required

## 4.0 REMARKS

Report By Tony McC  
 Title Driller  
 Signature Tony McC

Reviewed By D.E. Skoglie  
 Title SR. Drilling Engineer Date 09/28/95  
 Signature David E Skoglie

**B2474 699-83-36E**

# WELL ATTRIBUTES REPORT

**FIELD ORDER NO**  
**WELL ID** B2474  
**WELL NAME** 699-83-36E  
**HOST WELL ID**

**CONST DATE**  
**CONST DEPTH**

**LAST INSPECTION** 1/1/1801  
**NORTHING** 148897.6  
**EASTING** 578851  
**ELEVATION** 129.6

LAST INSPECTION INFORMATION				CURRENT INSPECTION INFORMATION			
WELL PAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL PAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
BENTONITE IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	BENTONITE IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
LAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	COLLAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
SURFACE EROSION	<input type="checkbox"/> MAJOR <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input checked="" type="checkbox"/> ND*			SURFACE EROSION	<input type="checkbox"/> MAJOR <input type="checkbox"/> NONE <input type="checkbox"/> MINOR		

LAST PUMP INFORMATION				CURRENT PUMP INFORMATION			
PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED <input type="checkbox"/> REPLACED <input checked="" type="checkbox"/> ND* <input type="checkbox"/> REMOVED			PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED <input type="checkbox"/> REPLACED <input type="checkbox"/> REMOVED		
PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
ACTIVITY PERFORMED BY	ND*			ACTIVITY PERFORMED BY			
DATE ACTIVITY PERFORMED				DATE ACTIVITY PERFORMED			
PUMP TYPE	ND*			PUMP TYPE			
PUMP MAKE	ND*			PUMP MAKE			
PUMP MODEL	ND*			PUMP MODEL			
PUMP INTAKE DEPTH (ft)				PUMP INTAKE DEPTH (ft)			
TUBING SIZE (in)				TUBING SIZE (in)			
TUBING MATERIAL	ND*			TUBING MATERIAL			
TUBING LENGTH (ft)				TUBING LENGTH (ft)			
TUBING CONNECTION	ND*			TUBING CONNECTION			

ND\* - Not Documented

6/15/2005

# WELL ATTRIBUTES REPORT

**FIELD ORDER NO**  
**WELL ID** B2474  
**WELL NAME** 699-83-36E  
**HOST WELL ID**

**CONST DATE**  
**CONST DEPTH**

**LAST INSPECTION** 1/1/1801  
**NORTHING** 148897.6  
**EASTING** 578851  
**ELEVATION** 129.6

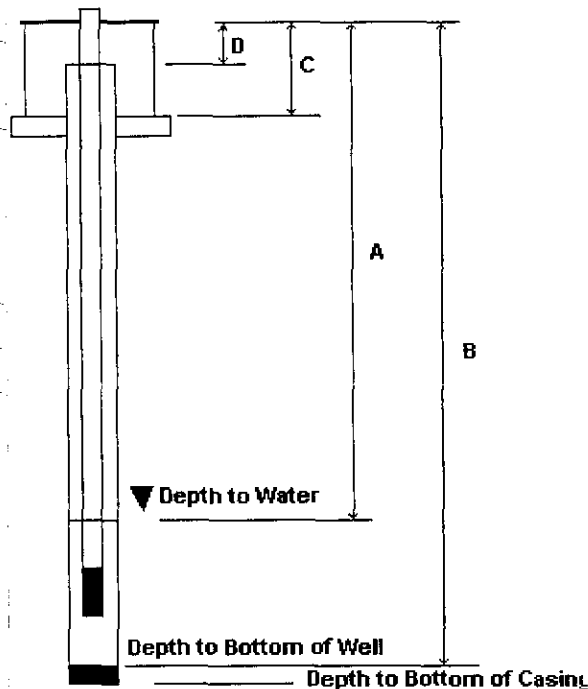
## MEASUREMENT INFORMATION

	LAST	CURRENT
<b>A</b> DEPTH TO WATER(ft)		
DEPTH TO WATER DATE		
<b>B</b> DEPTH TO BOTTOM(ft)		
DEPTH TO BOTTOM DATE		
<b>C</b> STICK UP(ft)		
<b>D</b> REFERENCE MARK(ft)		
REFERENCE MARK IS TOC	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ND*	<input type="checkbox"/> YES <input type="checkbox"/> NO

## PERFORATION INFORMATION

CASING SIZE	TOP	BOTTOM	CUTS/FT/ROUND

### CHANGES



**A** DEPTH TO WATER FROM TOP OF CASING  
**B** DEPTH TO BOTTOM OF WELL FROM TOP OF CASING  
**C** TOP OF CASING TO GROUND SURFACE/PAD  
**D** TOP OF CASING TO SURVEY REFERENCE MARKER

## CASING INFORMATION

SIZE	TOP	BOTTOM	MATERIAL	TYPE	CONNECTION	THICKNESS

### CHANGES

## SCREEN INFORMATION

SIZE	TOP	BOTTOM	MATERIAL	TYPE	SLOT SIZE

### CHANGES



# WELL CONSTRUCTION AND COMPLETION SUMMARY

Drilling Method: <u>Cable tool</u>	Sample Method: <u>Not documented</u>	WELL NUMBER: <u>699-83-36E</u> <u>B2474</u> TEMPORARY WELL NO: _____
Drilling Fluid Used: <u>Not documented</u>	Additives Used: <u>Not documented</u>	Hanford
Driller's Name: <u>Not documented</u>	WA State Lic Nr: <u>Not documented</u>	Coordinates: N/S <u>N 83.358</u> E/W <u>W 36.125</u>
Drilling Company: <u>Not documented</u>	Company Location: <u>Not documented</u>	State _____
Date _____	Date _____	Coordinates: N _____ E _____
Started: <u>Not documented</u>	Complete: <u>Not documented</u>	Start Card #: <u>Not documented</u> T <u>14N</u> R <u>27E</u> S <u>29SW</u> SW
		Elevation _____
		Ground surface: <u>418.0-ft Estimated</u>

Depth to water: 30.28-ft 10 May 95  
(Ground surface)

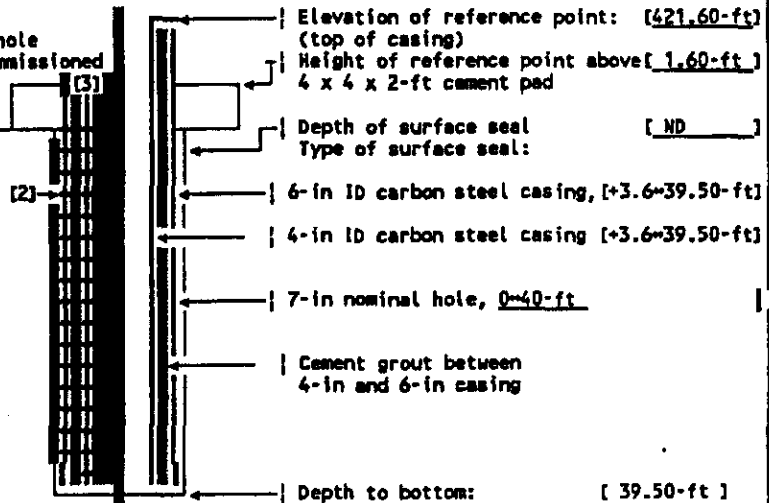
GENERALIZED Not  
STRATIGRAPHY Documented

Borehole  
Decommissioned

## Decommissioning Activities:

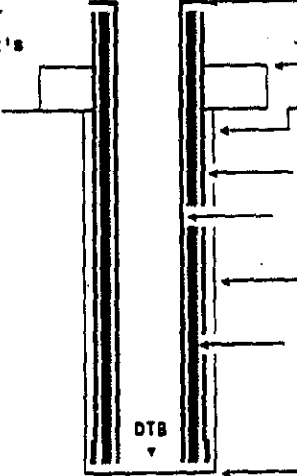
- [1] Established depth to bottom cleaned out to 39-ft
- [2] Jet Shot Perforated thru 4/6-in casing, from 39-ft back to 3-ft
- [3] Placed cement grout from 39-ft back to surface of concrete structure
- [4] Set brass marker at surface

Completed: 09/21/95



Drawing By: TJV/6883W36E.ASB  
Date: 13 Mar 96  
Reference: HANFORD WELLS

## WHC-SD-EN-AP-161, Rev 0, Appendix F

WELL CONSTRUCTION AND COMPLETION SUMMARY		
<b>Drilling</b> Method: <u>Cable tool</u> <b>Drilling</b> Fluid Used: <u>Not documented</u> <b>Driller's</b> Name: <u>Not documented</u> <b>Drilling</b> Company: <u>Not documented</u> Date Started: <u>Not documented</u>	<b>Sample</b> Method: <u>Not documented</u> <b>Additives</b> Used: <u>Not documented</u> <b>WA State</b> Lic Nr: <u>Not documented</u> <b>Company</b> Location: <u>Not documented</u> Date Complete: <u>Not documented</u>	<b>WELL</b> NUMBER: <u>699-83-36E</u> <u>B2474</u> <b>TEMPORARY</b> WELL NO: _____ Hanford Coordinates: N/S <u>N 83.358</u> E/W <u>W 36.125</u> State _____ Coordinates: N _____ E _____ Start _____ Card #: <u>Not documented</u> T <u>14W</u> R <u>27E</u> S <u>29SW</u> Elevation _____ Ground surface: <u>418.0-ft Estimated</u>
Depth to water: <u>30.28-ft 10May95</u> (Ground surface) _____		
<b>GENERALIZED</b> <b>Driller/Geologist's</b> <b>STRATIGRAPHY</b> <b>Log</b>		
0-37.25-ft Not documented	Elevation of reference point: [421.60-ft] (top of casing) Height of reference point above [1.60-ft] 4 x 4 x 2-ft cement pad Depth of surface seal [ND] Type of surface seal: 6-in ID carbon steel casing, [+3.6-39.50-ft] 4-in ID carbon steel casing [+3.6-39.50-ft] 7-in nominal hole, 0-40-ft Cement grout between 4-in and 6-in casing Depth to bottom: [39.50-ft]	
Drawing By: <u>TJV/6983W36E.ASB</u> Date : <u>22Jun95</u> Reference : <u>HANFORD WELLS</u>		



<b>WESTINGHOUSE HANFORD COMPANY</b>		<b>B217A</b>	<b>EXCAVATION PERMIT</b> <span style="float: right;">600-95-035</span>																												
1. Work Package No. <b>RD1CA</b>	2. W.O./Project No. <b>FY95 WELL DECOMMISSIONING</b>	3. Location of Excavation <b>699-83-36B, -C, -D, <del>E</del>, 699-97-47, site numbers 45BN488, 45BN482, 3-164, and 3-151.</b>																													
4. Originated By <b>D.E. SKOGLIE</b>		Date <b>09/19/95</b>	5. Engineering Change Notice (ECN) <b>WHC-SD-EN-AP-161, Rev 0, Appendix F</b>																												
6. Drawings Required (Identification Numbers) <b>N/A</b>		7. Other Affected Drawings or Documents <b>WELL DECOMMISSIONING PLANNED FOR FOURTH/FIRST QUARTER FISCAL YEAR 1995/1996 WHC WELL</b>																													
8. Description of Work <b>DECOMMISSION WELLS PER FITNESS FOR USE CHECKLIST AND WASHINGTON ADMINISTRATIVE CODES (WAC-173-160). WORK WILL BE DOCUMENTED ON FIELD ACTIVITY REPORTS.</b>																															
9. Special Instructions or Comments (Including Safety Requirements found in WHC-CM-4-3, CM-8) <b>WORK WILL BE CONDUCTED PER AN APPLICABLE JOB HAZARD ANALYSIS.</b>																															
10. Excavation Requirements Planning Checklist (Check appropriate blocks to determine supplemental approvals)																															
Will the excavation work:																															
<table style="width: 100%;"> <tr> <td style="width: 5%;">Yes</td> <td style="width: 5%;">No</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>limit access, pedestrian or vehicle, to or from any area or building? (If yes, Occupational Health and Safety approval required.) Block 17</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>be within 25 feet of the center line of the railroad track? (If yes, Track Maintenance approval required.) Block 18</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>be within the 600 Area? (If yes, 600 Area Landlord approval required.) Block 19</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>be under or immediately adjacent to any high voltage line or switching equipment? (If yes, Electrical Utilities approval required.) Block 20</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>be within or immediately adjacent to the boundaries of a security barrier or will uncover a security system for maintenance or modification? (If yes, Safeguards and Security approval required.) Block 21</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>be performed over, under, or immediately adjacent to any steam, sewer, or water utility lines? (If yes, Steam/Water Utilities approval required.) Block 22</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>be performed in the vicinity of telecommunication lines? (If yes, IRM Plant Telephone approval required.) Block 23</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>be performed in areas other than existing utilities, buildings, water sites, and those required to remove existing surplus facilities? (If yes, Site Planning approval required.) Block 24</td> </tr> </table>					Yes	No		<input type="checkbox"/>	<input checked="" type="checkbox"/>	limit access, pedestrian or vehicle, to or from any area or building? (If yes, Occupational Health and Safety approval required.) Block 17	<input type="checkbox"/>	<input checked="" type="checkbox"/>	be within 25 feet of the center line of the railroad track? (If yes, Track Maintenance approval required.) Block 18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	be within the 600 Area? (If yes, 600 Area Landlord approval required.) Block 19	<input type="checkbox"/>	<input checked="" type="checkbox"/>	be under or immediately adjacent to any high voltage line or switching equipment? (If yes, Electrical Utilities approval required.) Block 20	<input type="checkbox"/>	<input checked="" type="checkbox"/>	be within or immediately adjacent to the boundaries of a security barrier or will uncover a security system for maintenance or modification? (If yes, Safeguards and Security approval required.) Block 21	<input type="checkbox"/>	<input checked="" type="checkbox"/>	be performed over, under, or immediately adjacent to any steam, sewer, or water utility lines? (If yes, Steam/Water Utilities approval required.) Block 22	<input type="checkbox"/>	<input checked="" type="checkbox"/>	be performed in the vicinity of telecommunication lines? (If yes, IRM Plant Telephone approval required.) Block 23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	be performed in areas other than existing utilities, buildings, water sites, and those required to remove existing surplus facilities? (If yes, Site Planning approval required.) Block 24
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11. List Facilities, Services, and Utilities affected by Excavation <b>SUBJECT WELLS WILL BE DECOMMISSIONED PER WAC CODES.</b>		SUPPLEMENTAL APPROVALS																													
<b>REQUIRED APPROVALS</b> 12. Cultural Resources Review (all Packages) <b>HCRC # 95-600-017 DE Skoglin to Telecom 09/20/95 09/20/95</b> 13. Occupational Health & Safety (for W.O./Project Packages only) <b>N/A</b> RWP Required Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 14. Environmental Assurance (for W.O./Project Packages only) <b>S.M. [Signature] 9-20-95</b> 15. Cognizant Engineer (for W.O./Project Packages only) <b>D.E. SKOGLIE / DE Skoglie 09/19/95</b> 16. Facility/Plant Manager (for W.O./Project Packages only) <b>N/A</b>		17. Occupational Health & Safety <b>David Skoglin for T. STONE per Telecom 09/19/95 12:50 09/19/95</b>																													
		18. Track Maintenance <b>N/A</b>																													
		19. 600 Area Landlord <b>R.P. [Signature] 9-19-95</b>																													
		20. Electrical Utilities <b>N/A</b>																													
		21. Safeguards and Security <b>N/A</b>																													
		22. Steam/Water Utilities <b>N/A</b>																													
		23. IRM Plant Telephone (24 hours prior to start) <b>N/A</b>																													
		24. Site Planning <b>EF Yancey 9-19-95</b>																													

## WHC-SD-EN-AP-161, Rev 0, APPENDIX F

## WELL LOCATION MAP

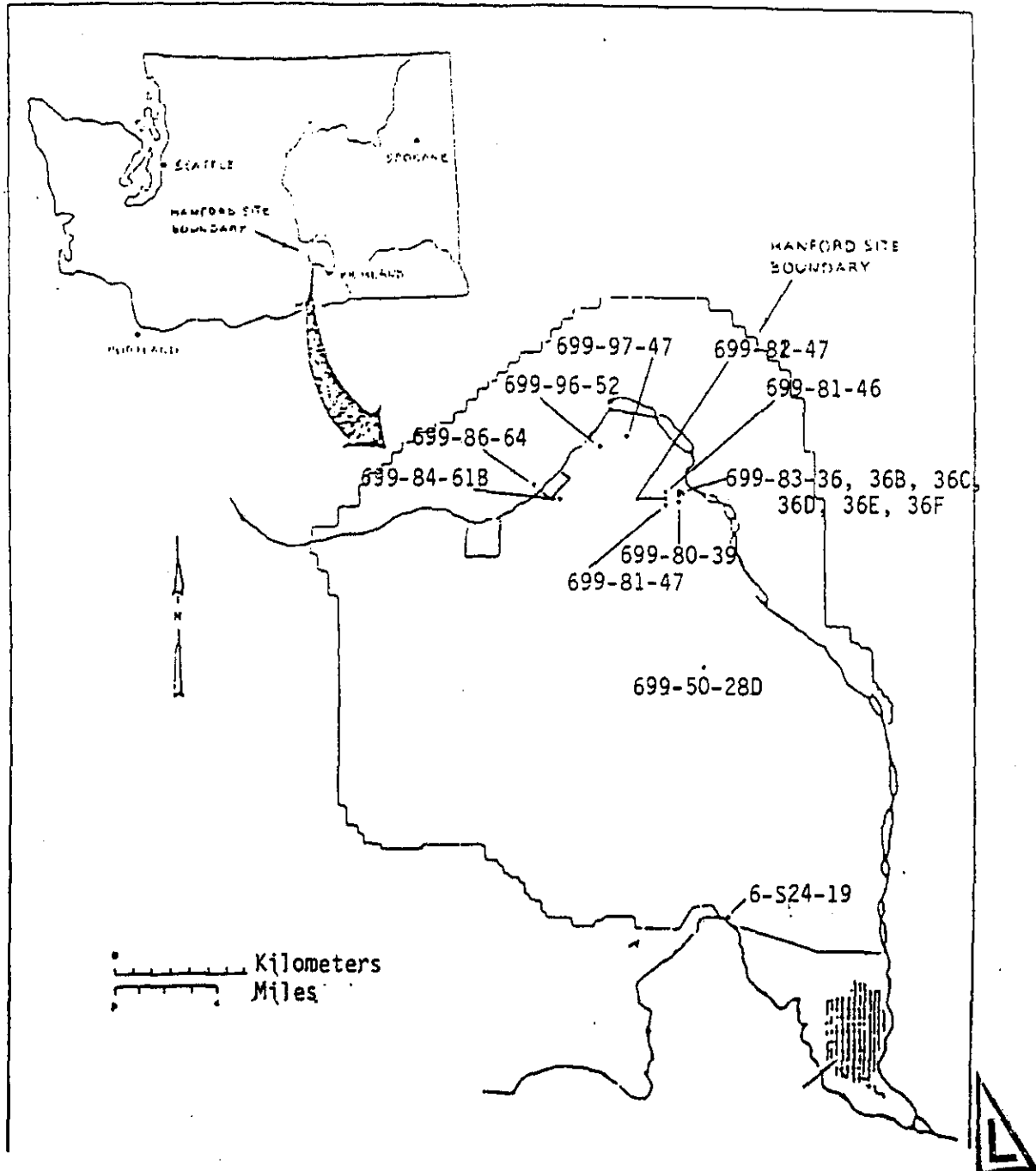


Figure 1. Location Map of Wells Selected for Decommissioning



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## DAILY DRILLING REPORT

220 Academy St., Mt. Angel, OR 97362  
1-800-45-STACO • FAX 845-9274

### WELL SERVICES

Nº 10967

Staco Job #	945	Day of Week	Wednesday	Date	9-20-95
Drilling Company	STACO	Consulting Firm	FY 95	Well#	132454 699-83-36-E
Site	600 Greg	County	Benton	Rig #	61
State		State	WA		
From	To				
13:15		Water down a 30' radius around wells. Weld flange on			
	13:45	To well 6-83-36-E			
13:45		Set perf. from 39.5 up to 3' fgc. in 10' sections.			
	15:00	4 perforations per foot 3/8" holes.			
15:00		Cut off flange and well casing flush with top of			
		concrete pedestal. Wet area down. Fire watch for			
	15:45	1/2 hr.			
15:45		Drive service truck to well site "699-83-36."			
	16:00	Secure site.			
		Well check with TMX410 Multi-Gas monitor			
		O <sub>2</sub> , LEL and H <sub>2</sub> S is OK.			

MATERIALS RECORD		Locking Caps		TIME RECORD	
ment		Bullards		Rigtime	2.75 level
ure Gold		Protective Cover	diam. quan.	Drilling	level
Hole Plug		Flush Mount	diam. quan.	Completion	level
Bentonite Powder		Temp Casing	diam. feet	Decon	level
Crumbles		Threaded Casing	diam. feet	Moving	level
Sand		Drive Shoe	diam. feet	Development	level
Pellets		Perm Casing	diam. feet	Site Prep	level
RediMix		4 x 4 Concrete Pad		Standby 1st 2 hrs.	level
D.O.T. Drums		<b>EQUIPMENT RENTALS</b>		Standby after 2 hrs.	level
		Decon Equip.		Samples	level
P.V.C. Well	diam. sch.	Generator		Pump Hoist	level
		Compressor		Crane Truck	level
S.S. Well	diam. sch.	Water Truck	✓	Abandonment	level
2.5' Blank		Vac. Truck		Down Hole Casing Cut	
5' Blank		Winch Truck		Extra man hours	level
10' Blank		Forklift	✓	Perdiem	yes
20' Blank		Backhoe		Travel Time	
5' Screen		Cuttings Tank		Driller	Terry McCoy
10' Screen		Sub. Test Pump		Assistants	T. Baker J. Carpenter
20' Screen		<b>OTHER</b>		Consultant	Nancy Speaker
ntalizers		TMX Multi-Gas Monitor		Shift Start	13:15
Plug				Shift End	16:00
Slip Caps				Total Hours 2.75	



# NON-RECORD COPY DAILY DRILLING REPORT


220 Academy St., Mt. Angel, OR 97362  
1-800-45-STACO • FAX 845-9274

## WELL SERVICES

No 11003

Staco Job # 945	Day of Week Thursday	Date 9-21-95
Drilling Company STACO	Consulting Firm FY-95	Well# 132454 Rig # 61
Site 600 Area	County Benton	State WA
From	To	
10:00		Place cement with 4% bentonite in the well 6:83-36 E
		From 37' up to top of concrete pedestal.
10:15		Mud weight checked with mud scales 14.1 lbs/gal.

MATERIALS RECORD		Locking Caps		TIME RECORD	
Cement 6 bags		Bullards		Rigtime 125	level
Pure Gold		Protective Cover	diam. quan.	Drilling	level
Hole Plug		Flush Mount	diam. quan.	Completion	level
Bentonite Powder 5 1225m bags		Temp Casing	diam. feet	Decon	level
Crumbles		Threaded Casing	diam. feet	Moving	level
Sand		Drive Shoe	diam. feet	Development	level
Pellets		Perm Casing	diam. feet	Site Prep	level
RediMix		4 x 4 Concrete Pad		Standby 1st 2 hrs.	level
D.O.T. Drums		<b>EQUIPMENT RENTALS</b>		Standby after 2 hrs.	level
		Decon Equip.		Samples	level
P.V.C. Well	diam. sch.	Generator		Pump Hoist	level
		Compressor		Crane Truck	level
S.S. Well	diam. sch.	Water Truck ✓		Abandonment	level
2.5' Blank		Vac. Truck		Down Hole Casing Cut	
5' Blank		Winch Truck		Extra man hours	level
10' Blank		Forklift ✓		Perdiem YES	
20' Blank		Backhoe		Travel Time	
5' Screen		Cuttings Tank		Driller Terry McCall	
10' Screen		Sub. Test Pump		Assistants T. Baker / J. Carpenter	
20' Screen		<b>OTHER</b>		Consultant	
Centralizers		Grout Plant		Nancy Speaker	
Plug				Shift Start 10:00	Total Hours
Slip Caps				Shift End 10:15	25

FIELD ACTIVITY REPORT - WELL REMEDIATION AND ABANDONMENT							Page <u>1</u> of <u>1</u>						
Date 09/20/95		Well No. 699-83-36E		Rig Type/Model Schram		Rig No. #61		Contract/Work Order No. MBG6WV372778		Start Card No. 32076		Report No. B2474-01	
Purpose Decommissioning of well-Jet Shot perforate casing. -----N/A-----								Reference -----N/A----- -----N/A-----		Location 600 Area -----N/A-----			
Hole Size 7"		Casing Size 6"		Type C.S.		Set At 40.00'		Personnel Operator <u>McCoy</u> Lic No. <u>2222</u> Print & Sign Name (Acceptance) <u>T. McCoy/ DED for</u> Other: <u>T. Baker-Helper Staco</u> <u>J. Carpenter-Helper Staco</u> <u>M. Walkup-WHC FTL</u> -----N/A----- -----N/A----- -----N/A----- -----N/A----- -----N/A----- -----N/A-----					
Total Depth 40.0'		N/A		C.S.		40.00'							
		N/A		N/A		N/A							
Reference/Measuring Point Ground surface.-----N/A-----													
Start Time <u>1315 Hrs.</u>				Materials Used									
End Time <u>1800 Hrs.</u>				-----N/A-----									
Time -----N/A-----				-----N/A-----									
Contractor Time -----N/A-----				-----N/A-----									
Total Time <u>2.75 Hrs.</u>				-----N/A-----									
Description of Operations/Remarks													
<u>1315-1500: Watered down a 30.00' radius around the well. Checked well with TMX-410</u> <u>Multi Gas Monitor. No problems noted. Welded on flange for lubricator to be used for</u> <u>perforating. Wet down a 30.00' radius around the well again. Jet Shot perforated the</u> <u>well from 3.00' to 39.50'. The Jet Shot perforator makes 3/8"x3/8"x4 holes/ft. Cut</u> <u>off flange and also cut off the wellcasing flush with the top of the concrete</u> <u>pedestal. See attached WHC "Hotwork Permit" which was used for all cutting and</u> <u>welding activities.-----N/A-----</u>													
<u>1500-1545: Performed firewatch for 45 minutes.-----N/A-----</u>													
<u>1545-1600: Secured wellsites for end of shift and drove service truck to next well.</u>													
-----N/A-----													
-----N/A-----													
-----N/A-----													
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Report By <u>M.W. Walkup</u>								<div style="text-align: right;">  </div> Reviewed By <u>D.E. SKOGLIE</u> Title <u>SC Drilling Engineer</u> Date <u>09/28/95</u> Signature <u>David E Skoglie</u>					
Title <u>Field Team Leader</u>													
Signature <u>M.W. Walkup</u>													

**NON-RECORD COPY**

[illegible]



## WHC-SD-EN-AP-161, Rev 0, Appendix F

RESOURCE PROTECTION GROUNDWATER WELL STRUCTURE FITNESS FOR USE CHECKLIST		1. Well No. 699-83-36E Page 1 of 2
2. Has a need for use of the well been identified and documented?	( <u>No</u> ) No potential user identified	
3. Is well presently in use?	( <u>No</u> ) No use identified	
4. Is casing sealed in accordance with IAW WAC 173-160-076?	( <u>No</u> ) No documentation of annular seal	
4a. Natural barriers preserved?	( <u>N/A</u> ) Well terminates within upper sediments	
4b. Aquifer/strata penetrated permanently sealed?	( <u>No</u> ) No seals documented	
4c. Annulus sealed against surface water?	( <u>No</u> ) No surface seal documented	
4d. Casing overlap more than 8 ft; packed and grouted?	( <u>N/A</u> ) Not applicable	
5. If not in use, is well capped IAW WAC 173-160-065?	( <u>No</u> ) Open top, welded flange	
6. Is design and construction IAW WAC 173-160-500?	( <u>No</u> ) No annular seal documented	
6a. Saturated formation/aquifers not connected?	( <u>N/A</u> ) Upper sediment column	
6b. Cuttings/development water handled IAW WAC 173-303?	( <u>N/A</u> ) Drilled before applicable date of WAC 173-303	
6c. Well properly identified?	( <u>No</u> ) NO permanent identification	
7. Is surface protection IAW WAC 173-160-510?	( <u>No</u> ) No surface seal documented	
7a. Well capped and protected?	( <u>No</u> ) Open top no protection	
7b. Protective ports, surface pad or cover installed?	( <u>NO</u> ) Concrete pedestal	
7c. Surface protection waived or variance obtained?	( <u>N/A</u> ) Not applicable	
7d. Is existing surface protection damaged?	( <u>N/A</u> ) Not applicable	
8. Are casing materials IAW 173-160-520?	( <u>N/A</u> ) Not applicable	
9. Was drill rig/drilling equipment cleaned IAW WAC 173-160-530?	( <u>N/A</u> ) Not applicable	
9a. Drill rig/equipment casing/screen cleaned?	( <u>N/A</u> ) Not applicable	
9b. Filter pack cleaned? Material compatible?	( <u>N/A</u> ) Not applicable	
RCRA/CERCLA MONITORING WELL?		
10. Does water sample from vertical screened interval represent horizontal stratigraphy?	( <u>N/A</u> ) Not applicable	
10a. Screened interval documented?	( <u>No</u> ) Not documented	
10b. Vertical lithology documented?	( <u>No</u> ) Not documented	

<b>RESOURCE PROTECTION GROUNDWATER WELL STRUCTURE FITNESS FOR USE CHECKLIST</b>		1. Well No. <b>699-83-36E</b> Page 2 of 2
11. Is design and construction IAW WAC 173-180-640?		
( <u>N/A</u> ) <u>Not applicable</u>		
11a. Screen commercially fabricated of material nonreactive to subsurface conditions?		
( <u>N/A</u> ) <u>Not applicable</u>		
11b. If filter pack installed, extends from bottom of screen to at least 3 ft above screen.		
( <u>N/A</u> ) <u>Not applicable</u>		
11c. Well has been developed.		
( <u>N/A</u> ) <u>Not applicable</u>		
11d. Annulus grouted with bentonite or bentonite/cement mixture.		
( <u>N/A</u> ) <u>Not applicable</u>		
12. Does water sample meet established acceptance criteria? Sample is less than 5 NTU and sand free.		
( <u>N/A</u> ) <u>Not applicable</u>		
13. Data Sources Used:		
Logs:	Driller's: <u>Not documented</u>	Date: _____ Company: _____
Geologist: _____	Date: _____	Company: _____
Geophysical: _____	Date: _____	Company: _____
Television: _____	Date: _____	Company: _____
Publications: Title, Author, Date		
<u>HANFORD WELLS, M.A. Chamness and J. K. Merz, August 1993</u>		
Databases:		
<u>WHC Well Services</u>		
Field Check: <u>WHC Well Services</u>	Date: <u>05/10/95</u>	Company: <u>WHC</u>
Other: _____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
14. Comments: Identify evaluation criteria addressed by number:		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
15. Status		
Well is acceptable for intended use	( <u>No</u> )	<u>Well lacks seals</u>
Well is acceptable for intended use if variance is granted	( <u>N/A</u> )	<u>Not applicable</u>
Rehabilitation required to continue intended use	( <u>No</u> )	<u>Not applicable</u>
Remediation required to achieve intended use	( <u>No</u> )	<u>Well has no identified user</u>
Decommission, well is unneeded or cannot be remediated	( <u>Yes</u> )	<u>Well has no identified need</u>
Other	( _____ )	_____
16. Status Recommendation		
Done By:	Name: <u>T. J. Wood</u>	Title: <u>Senior Engineer</u>
Date: <u>06/30/95</u>		_____

# GROUNDWATER WELL REMEDIATION/ DECOMMISSIONING CHECKLIST

Page 1 of 2

Project No.: <b>FY95 WELL DECOMMISSIONING</b>	Task No.: <b>RDICA</b>	Well No.: <b>B2474 699-83-36E</b>
WORK PLANNING/INITIATION: <input type="checkbox"/> Remediate <input checked="" type="checkbox"/> Decommission	Completion Date or NR	Attachment Number or NA
Evaluation Checklist Approved: WHC-CM-7-7, EII 6.6, "Resource Protection Well Characterization and Evaluation"	09/19/95	ECN# 611437
Engineering Specification Issued: WHC-CM-6-1, EP-1.2, "Engineering Specifications"	11/23/94	WHC-SD-EN-AP-122
Letter of Instruction Issued: EII 1.15, "Preparation of SOW/LOI"	09/07/93	W 372778
Authorization Work Order Issued: WHC-CM-2-5, Section 2.5, "External Work Orders"	NR	NA
Job Safety Analysis Completed: WHC-CM-4-3, Standard A-3, "Prejob Planning" Standard CM-9, "Surface Drilling"	11/15/94	# 08294
Hazardous Waste Operations Permit Issued: WHC-CM-7-7, EII 2.1, "Preparation of Hazardous Waste Operations Permits"	NR	NA
Cultural Resources Review Completed/Variance Obtained: WHC-CM-7-5, 12.3, "Historical and Archaeological Site Preservation"	09/20/95	95-600-017
Endangered Species Review Completed/Variance Obtained: WHC-CM-7-5, 12.4, "Plant and Wildlife Species on the Hanford Site"	07/19/95	95-600-046
Excavation Permit Obtained: WHC-CM-8-7, Section 503.1, "Excavation Permits"	09/19/95	600-95-035
Radiation Work Permit Obtained: WHC-CM-4-10, Section 8.0, "Radiation Work Requirements and Permits"	NR	NA
ALARA Worksheet Completed WHC-CM-4-11, "ALARA Program Manual"	NR	NA
Start Card Transmitted: WAC 173-160-055, "Well Construction Notification" (Start Card)	7/95	A 32073
Work Schedule Completed: Project management software or equivalent	04/95	DEA
Retired Area Entry Permit Obtained: WHC-CM-4-3, Standard G-10, "Retired Hanford Facilities"	NR	NA
Training Requirements Completed: WHC-CM-7-7, EII 1.1, "Hazardous Waste Site Entry Requirements"	04/95	DEA

Comments:

STACO CONTRACT : W 372778



APPROVALS: (Print/sign name and date)

*David [Signature]*  
Field Team Leader/Drilling Engineer

*07/24/95*  
Date

# GROUNDWATER WELL REMEDIATION/ DECOMMISSIONING CHECKLIST

Page 2 of 2

Project No.: FY 95 WELL DECOMMISSIONING

Task No.: RDICA

Well No.: 699-83-36E

WORK PERFORMANCE/EVALUATION	Completion Date or NR	Attachment Number or NA
Drilling Rig and Materials Cleaned to Procedures: WHC-CM-7-7, EII 5.4, "Field Decontamination of Drilling, Well Development and Sampling Equipment"	Prejob <u>NR</u> Postjob <u>NR</u>	<u>NA</u>
Material Verifications Completed: Applicable Engineering Specification, No. <u>NA</u> Rev. <u>NA</u> Liner Casing and Centralizers as Specified Cement Grout as Specified Appropriate Well Cap as Specified Air-Entrained Concrete for Pad as Specified Material Packaged and Stored as Specified Lubricants and Drilling Aids as Specified	<u>NR</u> <u>B2474-02</u> <u>NR</u> <u>NR</u> <u>NR</u> <u>NR</u>	<u>NA</u> <u>B2474-02</u> <u>NA</u> <u>NA</u> <u>NA</u> <u>NA</u>
Perforations Completed as Specified: Applicable Engineering Specification	<u>09/20/95</u>	<u>B2474-01</u>
Liner and Grout Installed as Specified: Applicable Engineering Specification	<u>NR</u>	<u>NA</u>
Pad/Posthole Excavation Completed: Applicable Engineering Specification	<u>NR</u>	<u>NA</u>
Concrete Pad, Reinforcing Material, and Inset Marker Cap Installed as Specified: Applicable Engineering Specification	<u>NR</u>	<u>NA</u>
Cap, Locking Well Cap and Lock Installed as Specified: Applicable Engineering Specification	<u>NR</u>	<u>NA</u>
Guard Posts/Metal Sleeve Installed as Specified: Applicable Engineering Specification	<u>NR</u>	<u>NA</u>
Well Identification Stamped and Correct: Applicable Engineering Specification	<u>09/21/95</u>	<u>B2474-02</u>
Well Reports Complete and Submitted to State: WAC 173-160-050, "Records"	<u>04/17/96</u>	<u>9651783</u>
Survey Complete, Survey Report Received and as Specified: Applicable Engineering Specification	<u>NR</u>	<u>NA</u>
Site Restored: Applicable Engineering Specification	<u>09/21/95</u>	<u>DEA</u>
Waste Disposal Controlled, WHC-CM-7-7, EII 4.2/EII 4.3 WHC-CM-7-5, 7.3, "Standards for Nonradioactive, Nonhazardous Solid Waste Disposal:	<u>NR</u>	<u>NA</u>
Well Condition Drawing Transmitted: WHC-CM-1-3, MRP 3.8, "Correspondence and Commitment Control:	<u>04/17/96</u>	<u>9651783</u>

Comments: NA

APPROVALS: (Print/sign name and date)

D.E. SROGLIE David E. Sroglie 04/17/96  
Field Team Leader/Drilling Engineer Date

# WATER WELL REPORT

STATE OF WASHINGTON

Start Card No. A32076

UNIQUE WELL I.D. # B2474

Water Right Permit No. N/A

OWNER: Name U. S. Department of Energy Address Richland, Washington 99352

(2) LOCATION OF WELL: County Benton SW 1/4 SW 1/4 Sec 29 T. 14 N. R. 27E W.M.

(2a) STREET ADDRESS OF WELL (or nearest address) N/A

(3) PROPOSED USE: ☐ Domestic ☐ Industrial ☐ Municipal ☐  
☐ Irrigation ☐ Test Well ☒ Other ☐  
☐ DeWater

(4) TYPE OF WORK: Owner's number of well (if more than one) 699-83-36E

Abandoned ☒ New well ☐ Method: Dug ☐ Bored ☐  
Deepened ☐ Cable ☐ Driven ☐  
Reconditioned ☐ Rotary ☐ Jetted ☐

(5) DIMENSIONS: Diameter of well 7.0 inches.  
Drilled 39.5 feet. Depth of completed well 39.5 ft.

## (6) CONSTRUCTION DETAILS:

Casing installed: 6.0 ft. Diam. from +3.6 ft. to 39.5 ft.  
Welded ☒ 4.0 ft. Diam. from +3.6 ft. to 39.5 ft.  
Liner installed ☐  
Threaded ☐ Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Perforations: Yes ☒ No ☐

Type of perforator used Jet Shot

SIZE of perforations 3/8 in. by 3/8 in.  
4 holes/ft. perforations from 3.0 ft. to 39.0 ft.  
\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Screens: Yes ☐ No ☒

Manufacturer's Name \_\_\_\_\_

Type \_\_\_\_\_ Model No. \_\_\_\_\_

Diam. \_\_\_\_\_ Slot size \_\_\_\_\_ from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Diam. \_\_\_\_\_ Slot size \_\_\_\_\_ from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Gravel packed: Yes ☐ No ☒ Size of gravel \_\_\_\_\_

Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Surface seal: Yes ☐ No ☒ To what depth? \_\_\_\_\_ ft.

Material used in seal \_\_\_\_\_

Did any strata contain unusable water? Yes ☐ No ☐

Type of water? \_\_\_\_\_ Depth of strata \_\_\_\_\_

Method of sealing strata off \_\_\_\_\_

(7) PUMP: Manufacturer's Name N/A  
Type: \_\_\_\_\_ H.P. \_\_\_\_\_

(8) WATER LEVELS: Land-surface elevation above mean sea level \_\_\_\_\_ ft.

Static level 30.28 ft. below top of well Date 05/95

Artesian pressure \_\_\_\_\_ lbs. per square inch Date \_\_\_\_\_

Artesian water is controlled by \_\_\_\_\_ (Cap, valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level

Was a pump test made? Yes ☐ No ☐ If yes, by whom? \_\_\_\_\_

Yield: \_\_\_\_\_ gal./min. with \_\_\_\_\_ ft. drawdown after \_\_\_\_\_ hrs.

" " " " " "

" " " " " "

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time	Water Level	Time	Water Level	Time	Water Level

N/A

Date of test \_\_\_\_\_

Bailer test \_\_\_\_\_ gal./min. with \_\_\_\_\_ ft. drawdown after \_\_\_\_\_ hrs.

Air test \_\_\_\_\_ gal./min. with stem set at \_\_\_\_\_ ft. for \_\_\_\_\_ hrs.

Artesian flow \_\_\_\_\_ g.p.m. Date \_\_\_\_\_

Temperature of water \_\_\_\_\_ Was a chemical analysis made? Yes ☐ No ☐

## (10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information.

MATERIAL	FROM	TO
Reference attached as-built.		

Work Started 09/20/95, 19. Completed 09/21/95, 19.95

## WELL CONSTRUCTOR CERTIFICATION:

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME Westinghouse Hanford Company

(PERSON, FIRM OR CORPORATION) (TYPE OR PRINT)

Address P.O. Box 1970 Richland, WA 99352

(Signed) David C. Skoglie License No. 1580

(WELL DRILLER)

Contractor's

Registration

No. N/A

Date 04/11, 1996

(USE ADDITIONAL SHEETS IF NECESSARY)

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# FIELD ACTIVITY REPORT - CEMENT CALCULATIONS

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Page 1 of 1

Date 9-21-95 Well Number B2474  
679-83-36E Continuation of Report No. B2474-02

## 1.0 CEMENT STAGE VOLUME CALCULATIONS

1.1 Cement Volume - Open Hole/Casing 4 ID of casing or diameter of hole, inches = D

37 feet x 0.0408 x 16 D<sup>2</sup> = 3416 Gallons of cement required

37 feet x 0.005454 x 16 D<sup>2</sup> = 323 Cubic feet of cement required

1.2 Cement Volume - Annular Spaces

☐ Between Tubing and Hole (D = Hole diameter, inches; d = OD of Tubing, inches)

☐ Between Casing and Hole (D = Hole diameter, inches; d = OD of Casing, inches)

☐ Between Tubing and Casing (D = ID of Casing, inches; d = OD of Tubing, inches)

☐ Between Casings (D = ID of outer Casing, inches; d = OD of inner Casing, inches)

D =          d =          n = Number of tubing strings

         feet x 0.0408 x [          D<sup>2</sup> - (          d<sup>2</sup> x          n ) ] =          Gallons of cement required

         feet x 0.005454 x [          D<sup>2</sup> - (          d<sup>2</sup> x          n ) ] =          Cubic feet of cement required

## 2.0 SLURRY MIX CALCULATIONS

2.1 Calculate Sacks of Cement Type: I-II lbs/sack: 94 ft<sup>3</sup>/sack (mixed): 1.55

3.23 ft<sup>3</sup> (cement - from 1.0) / 1.55 ft<sup>3</sup>/sack (mixed) = 2.08 sacks

2.08 sacks + 3.92 sacks excess ) 53 % required) = 6 Total sacks required

2.2 Calculate Mix Water

6 Total sacks cement x 7.8 gallons water/sack = 46.8 gallons of mix water required

2.3 Calculate Additive Amounts

Type Bentonite 6 Total sacks x 94 lbs/sack x 4 % = 2256 lbs. required  
Cement Cement Additive Additive

Type                   Total sacks x          lbs/sack x          % =          lbs. required  
Cement Cement Additive Additive

## 3.0 DISPLACEMENT VOLUME CALCULATIONS

3.1 Balanced Plug Displacement

         ft. (top of cement) -          ft. (water level) =          feet to be displaced

         ft. (to be displaced) x          gal/ft. =          gallons of displacement water required

## 4.0 REMARKS

Report By Jerry McCoy  
Title Driller  
Signature Jerry McCoy

Reviewed By D.E. Skoglie  
Title SE Drilling Engineer Date 09/21/95  
Signature David E Skoglie

**A9033 699-84-61B**

# WELL ATTRIBUTES REPORT

ELD ORDER NO			LAST INSPECTION	1/1/1801
WELL ID	A9033		NORTHING	148989.535
WELL NAME	699-84-61B	CONST DATE	EASTING	571306.011
HOST WELL ID		CONST DEPTH	ELEVATION	144.495

LAST INSPECTION INFORMATION				CURRENT INSPECTION INFORMATION			
WELL PAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL PAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
BENTONITE IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	BENTONITE IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
LAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	COLLAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
SURFACE EROSION	<input type="checkbox"/> MAJOR	<input type="checkbox"/> NONE	<input type="checkbox"/> MINOR <input checked="" type="checkbox"/> ND*	SURFACE EROSION	<input type="checkbox"/> MAJOR	<input type="checkbox"/> NONE	<input type="checkbox"/> MINOR
<b>LAST PUMP INFORMATION</b>				<b>CURRENT PUMP INFORMATION</b>			
PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED <input type="checkbox"/> REPLACED <input checked="" type="checkbox"/> ND* <input type="checkbox"/> REMOVED			PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED <input type="checkbox"/> REPLACED <input type="checkbox"/> REMOVED		
PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
ACTIVITY PERFORMED BY	ND*			ACTIVITY PERFORMED BY			
DATE ACTIVITY PERFORMED				DATE ACTIVITY PERFORMED			
PUMP TYPE	ND*			PUMP TYPE			
PUMP MAKE	ND*			PUMP MAKE			
PUMP MODEL	ND*			PUMP MODEL			
PUMP INTAKE DEPTH (ft)				PUMP INTAKE DEPTH (ft)			
TUBING SIZE (in)				TUBING SIZE (in)			
TUBING MATERIAL	ND*			TUBING MATERIAL			
TUBING LENGTH (ft)				TUBING LENGTH (ft)			
TUBING CONNECTION	ND*			TUBING CONNECTION			

ND\* - Not Documented

6/15/2005



# WELL ATTRIBUTES REPORT

FIELD ORDER NO			LAST INSPECTION	1/1/1801
WELL ID	A9033		NORTHING	148989.535
WELL NAME	699-84-61B	CONST DATE	EASTING	571306.011
HOST WELL ID		CONST DEPTH	ELEVATION	144.495

## MEASUREMENT INFORMATION

	LAST	CURRENT
<b>A</b> DEPTH TO WATER(ft)		
DEPTH TO WATER DATE		
<b>B</b> DEPTH TO BOTTOM(ft)	12.9	
DEPTH TO BOTTOM DATE		
<b>C</b> STICK UP(ft)	1.9	
<b>D</b> REFERENCE MARK(ft)		
REFERENCE MARK IS TOC	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ND*	<input type="checkbox"/> YES <input type="checkbox"/> NO

## PERFORATION INFORMATION

CASING SIZE	TOP	BOTTOM	CUTS/FT/ROUND

## CHANGES

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## CASING INFORMATION

SIZE	TOP	BOTTOM	MATERIAL	TYPE	CONNECTION	THICKNESS

## CHANGES

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## SCREEN INFORMATION

SIZE	TOP	BOTTOM	MATERIAL	TYPE	SLOT SIZE

## CHANGES

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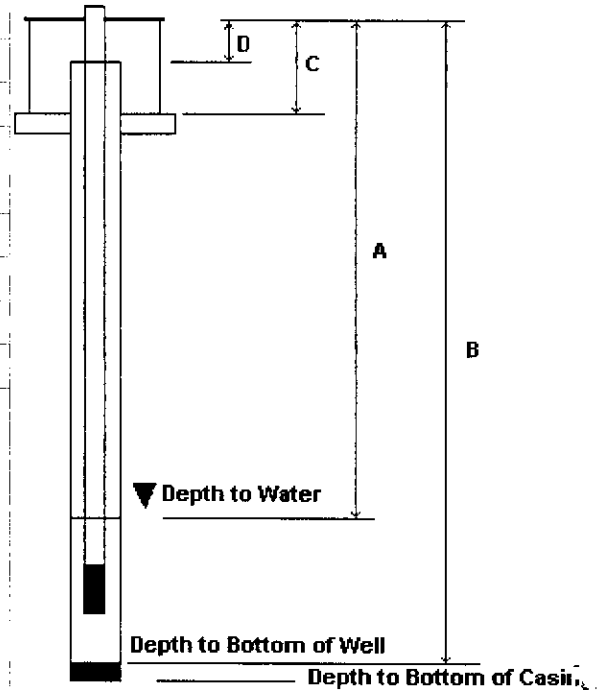
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A DEPTH TO WATER FROM TOP OF CASING  
 B DEPTH TO BOTTOM OF WELL FROM TOP OF CASING  
 C TOP OF CASING TO GROUND SURFACE/PAD  
 D TOP OF CASING TO SURVEY REFERENCE MARKER

# WELL CONSTRUCTION AND COMPLETION SUMMARY

Drilling Method: <u>Cable tool</u>	Sample Method: <u>Hard tool (nom)</u>	WELL NUMBER: <u>699-84-61B</u> <u>A9033</u> TEMPORARY WELL NO: <u>BH-13</u>
Drilling Fluid Used: <u>Water</u>	Additives Used: <u>Not documented</u>	Hanford
Driller's Name: <u>Not documented</u>	WA State Lic Nr: <u>Not documented</u>	Coordinates: N/S <u>N 60,880</u> E/W <u>W 83,720</u>
Drilling Company: <u>Not documented</u>	Location: <u>Unknown</u>	State Coordinates: N <u>489,248</u> E <u>2,233,548</u>
Date Started: <u>Not documented</u>	Date Complete: <u>Dec72</u>	Start Card #: <u>Not documented</u> T <u>14N</u> R <u>25E</u> S <u>28</u>
		Elevation Ground surface: <u>468.75ft Estimated</u>

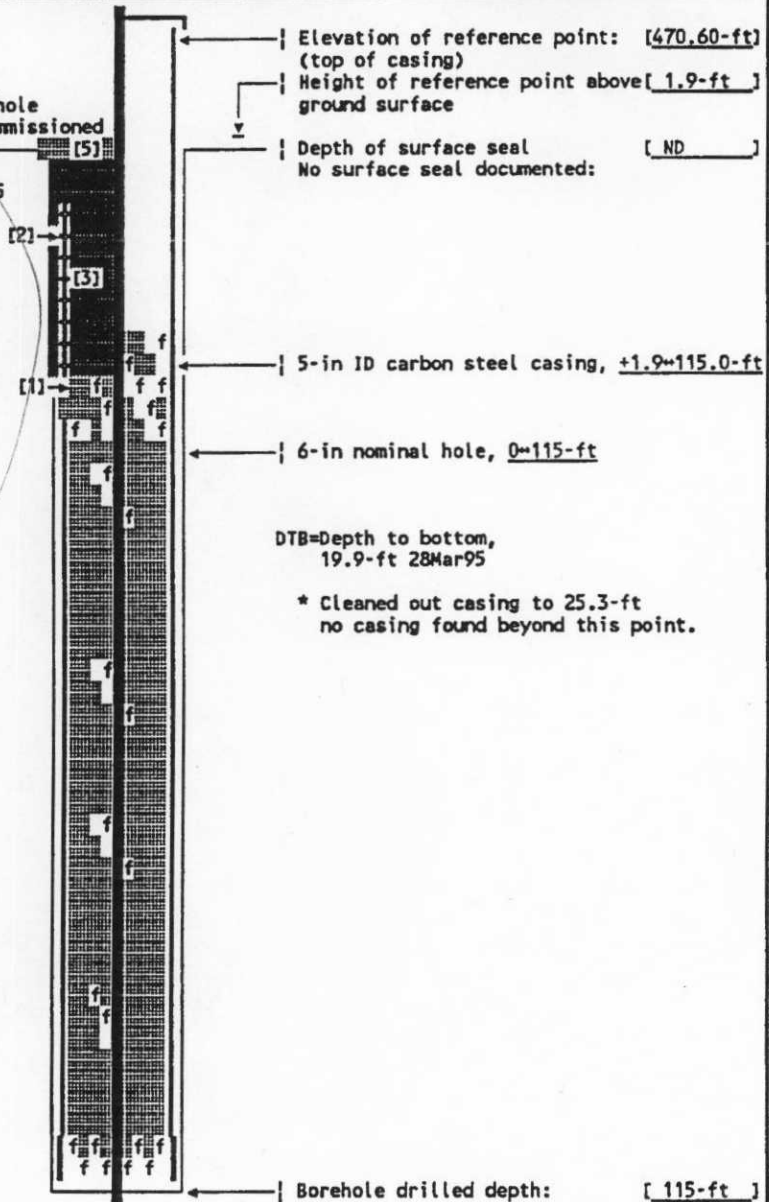
Depth to water: 76.0-ft Dec72  
(Ground surface)

GENERALIZED Driller's  
STRATIGRAPHY Log

Borehole  
Decommissioned

Decommissioning Activities: 07/26/95

- [1] Cleaned out borehole to 25.3-ft No casing found beyond this point
- [2] Perforated casing from 25+3-ft
- [3] Placed cement grout from 25.3-ft back to 3-ft
- [4] Cut casing at 2-ft
- [5] Placed cement cap, brass marker and filled to grade



Drawing By: TJW/6N84W61B.ASB  
Date : 04Mar96  
Reference : HANFORD WELLS



Query HWIS again

**HWIS Interface - Well History Information - Drilling**

WELL_ID	WELL_NAME	STATUS	STATUS_CHANGE_DATE	STATUS_CHANGE_COMMENT
A9033	699-84-61B	DECOMMISSIONED	07/26/1995	2005 HWIS prelim review to be admin decomm w survey coordinates

SUMMARY OF CONSTRUCTION DATA AND FIELD OBSERVATIONS  
RESOURCE PROTECTION WELL - 699-84-61B

WELL DESIGNATION : 699-84-61B  
CERCLA UNIT : 100-N  
RCRA FACILITY : Not applicable  
HANFORD COORDINATES : N 60,880 W 83,720 [HANFORD WELLS]  
LAMBERT COORDINATES : N 489,248 E 2,233,548 [HANCONV]  
DATE DRILLED : Dec72  
DEPTH DRILLED (GS) : 115-ft  
MEASURED DEPTH (GS) : 115.0-ft 19.9-ft 28Mar95  
DEPTH TO WATER (GS) : 76.0-ft, Dec72;  
  
CASING DIAMETER : 5-in, +1.9-115-ft  
ELEV TOP CASING : 470.60-ft  
ELEV GROUND SURFACE : 468.75-ft  
PERFORATED INTERVAL : None documented  
SCREENED INTERVAL : Not applicable  
COMMENTS : FIELD INSPECTION, 28Mar95,  
Carbon steel casing, no pad, no posts.  
No cap or lock.  
No permanent identification.  
Not in radiation zone.  
OTHER:Borehole Decommissioned by WMC Well Services: 07/26/95  
No casing found beyond 25.3-ft  
  
AVAILABLE LOGS : Driller  
TV SCAN COMMENTS : Not documented

DATE EVALUATED : Not applicable  
EVAL RECOMMENDATION : Decommission  
LISTED USE : Not documented  
CURRENT USER : Not documented  
  
PUMP TYPE : Not applicable  
MAINTENANCE : Borehole Decommissioned



# NON-RECORD COPY

FIELD ACTIVITY REPORT - WELL REMEDIATION AND ABANDONMENT							Page <u>1</u> of <u>1</u>
Date <b>07/26/95</b>	Well No. <b>699-84-61B</b>	Rig Type/Model <b>Schram</b>	Rig No. <b>#61</b>	Contract/Work Order No. <b>MBGSWV372778</b>	Start Card No. <b>32077</b>	Report No. <b>A9033-01</b>	
Purpose <b>Decommissioning of well-Clean, perforate, grout, install brass locator pin and backfill to grade.</b>				Reference -----N/A----- -----N/A-----	Location <b>600 Area</b> -----N/A-----		
Hole Size <b>6"</b>	Casing Size <b>5"</b>	Type <b>C.S.</b>	Set At <b>115.00'</b>		Personnel		
Total Depth <b>115.0'</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>		Operator <u>McCoy</u> Lic No. <u>2222</u> Print & Sign Name (Acceptance) <b>M. McCoy/WES for</b> Other: <b>M. Tunell-Helper Staco</b> <b>T. Baker-Helper Staco</b> <b>J. Mansfield-Toolpusher</b> <b>M. Walkup-WHC FTL</b> -----N/A----- -----N/A----- -----N/A----- -----N/A-----		
Reference/Measuring Point <b>Ground surface.-----N/A-----</b>							
Start Time <b>0600 Hrs.</b>	Materials Used <b>4-94.6 lb. sacks cement</b>						
End Time <b>1600 Hrs.</b>	-----N/A-----						
Time -----N/A-----	-----N/A-----						
Contractor Time -----N/A-----	-----N/A-----						
Total Time <b>10 Hrs.</b>	-----N/A-----						
Description of Operations/Remarks							
<b>0600-0630: Safety meeting was held by Staco crew. Topics discussed included substance abuse-identifying the problem. All equipment was inspected, started and warmed.</b>							
<b>0630-0815: Finished loading and mobilized to well #699-84-61B.-----N/A-----</b>							
<b>0815-0945: On standby waiting for T. Stone-WHC Safety to check on working next to power lines in the rain. Set up control zone around site. Checked wellhead with ISC TMX 410 gas meter, no problems noted. Tagged DTB at 19.70'.-----N/A-----</b>							
<b>0945-1100: Received permission from T. Stone to begin work. Rigged up on the well. Ran 4 3/4" tri-cone bit in well on drill rod. Cleaned casing to 25.30'. Pulled drill rod and tooling from hole. All cuttings and tooling were surveyed by HPT, no contamination found.-----N/A-----</b>							
<b>1100-1230: Ran 5" Holte Star Wheel perforator in well on drill rod. Perforated from 3.00' to 25.30'. The perforator makes 1"x1/4"x6 cts./ft. The casing was perforated at 4 equidistant passes per foot. Removed perforator from well, rigged down and moved drill rig off of hole.-----N/A-----</b>							
<b>1230-1445: Excavated 2.00' down around well casing. Cut casing off at 2.00'. See attached WHC "Hotwork Permit which was used for all cutting and welding activities. Calculated volumes, mixed and pumped cement grout. Grouted casing to surface, installed brass locator pin and backfilled to grade with native soil.-----N/A-----</b>							
<b>1445-1600: Mobilized equipment back to well #699-50-28D. Rigged up on the well. Set up control zone around the drill site.-----N/A-----</b>							
Report By <u>M.W. Walkup</u>			Reviewed By <u>D.E. Skoglie</u>				
Title <u>Field Team Leader</u>			Title <u>SE. Drilling Engineer</u> Date <u>08/17/95</u>				
Signature <u>[Signature]</u>			Signature <u>David E. Skoglie</u>				

<b>WESTINGHOUSE HANFORD COMPANY</b>		<b>EXCAVATION PERMIT</b>		600-95-022																											
Work Package No. <b>RD1CA</b>	2. W.O./Project No. <b>FY95 WELL DECOMMISSIONING</b>	3. Location of Excavation <b>699-84-61B, 199-B4-2, &amp; 199-B4-3</b>																													
4. Originated By <b>D.E. SKOGLIE</b>		Date <b>06/02/95</b>	5. Engineering Change Notice (ECN) <b>WHC-SD-EN-AP-161, Rev 0, Appendix E</b>																												
6. Drawings Required (Identification Numbers) <b>N/A</b>		7. Other Affected Drawings or Documents <b>WELL DECOMMISSIONING PLANNED FOR THIRD/FOURTH QUARTER FISCAL YEAR 1995 BY WHC WELL SERVICES</b>																													
8. Description of Work <b>DECOMMISSION WELLS PER FITNESS FOR USE CHECKLIST AND WASHINGTON ADMINISTRATIVE CODES (WAC-173-160). WORK WILL BE DOCUMENTED ON FIELD ACTIVITY REPORTS.</b>																															
9. Special Instructions or Comments (Including Safety Requirements found in WHC-CM-4-3, CM-8) <b>WORK WILL BE CONDUCTED PER AN APPLICABLE JOB HAZARD ANALYSIS.</b>																															
10. Excavation Requirements Planning Checklist (Check appropriate blocks to determine supplemental approvals)																															
Will the excavation work:																															
<table style="width: 100%; border: none;"> <tr> <td style="width: 10%;">Yes</td> <td style="width: 10%;">No</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>limit access, pedestrian or vehicle, to or from any area or building? (If yes, Occupational Health and Safety approval required.) Block 17</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>be within 25 feet of the center line of the railroad track? (If yes, Track Maintenance approval required.) Block 18</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>be within the 600 Area? (If yes, 600 Area Landlord approval required.) Block 19</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>be under or immediately adjacent to any high voltage line or switching equipment? (If yes, Electrical Utilities approval required.) Block 20</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>be within or immediately adjacent to the boundaries of a security barrier or will uncover a security system for maintenance or modification? (If yes, Safeguards and Security approval required.) Block 21</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>be performed over, under, or immediately adjacent to any steam, sewer, or water utility lines? (If yes, Steam/Water Utilities approval required.) Block 22</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>be performed in the vicinity of telecommunication lines? (If yes, IRM Plant Telephone approval required.) Block 23</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>be performed in areas other than existing utilities, buildings, water sites, and those required to remove existing surplus facilities? (If yes, Site Planning approval required.) Block 24</td> </tr> </table>					Yes	No		<input type="checkbox"/>	<input checked="" type="checkbox"/>	limit access, pedestrian or vehicle, to or from any area or building? (If yes, Occupational Health and Safety approval required.) Block 17	<input type="checkbox"/>	<input checked="" type="checkbox"/>	be within 25 feet of the center line of the railroad track? (If yes, Track Maintenance approval required.) Block 18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	be within the 600 Area? (If yes, 600 Area Landlord approval required.) Block 19	<input type="checkbox"/>	<input checked="" type="checkbox"/>	be under or immediately adjacent to any high voltage line or switching equipment? (If yes, Electrical Utilities approval required.) Block 20	<input type="checkbox"/>	<input checked="" type="checkbox"/>	be within or immediately adjacent to the boundaries of a security barrier or will uncover a security system for maintenance or modification? (If yes, Safeguards and Security approval required.) Block 21	<input type="checkbox"/>	<input checked="" type="checkbox"/>	be performed over, under, or immediately adjacent to any steam, sewer, or water utility lines? (If yes, Steam/Water Utilities approval required.) Block 22	<input type="checkbox"/>	<input checked="" type="checkbox"/>	be performed in the vicinity of telecommunication lines? (If yes, IRM Plant Telephone approval required.) Block 23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	be performed in areas other than existing utilities, buildings, water sites, and those required to remove existing surplus facilities? (If yes, Site Planning approval required.) Block 24
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11. List Facilities, Services, and Utilities affected by Excavation <b>SUBJECT WELLS WILL BE DECOMMISSIONED PER WAC CODES.</b>		SUPPLEMENTAL APPROVALS																													
12. Cultural Resources Review (all Packages) <b>HCRC # 95-100-044 95-600-046 06/09/95</b>		17. Occupational Health & Safety <i>D.E. Skoglie for Travis Wilke</i> <b>06/12/95</b>																													
		18. Track Maintenance <b>N/A</b>																													
13. Occupational Health & Safety (for W.O./Project Packages only) <b>N/A</b> RWP Required Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		19. 600 Area Landlord <i>R.R. [Signature]</i> <b>6-9-95</b>																													
		20. Electrical Utilities <b>N/A</b>																													
14. Environmental Assurance (for W.O./Project Packages only) <i>David E. Skoglie for Steve McKinney</i> <b>6/13/95</b>		21. Safeguards and Security <b>N/A</b>																													
		22. Steam/Water Utilities <b>N/A</b>																													
15. Cognizant Engineer (for W.O./Project Packages only) <i>David E. Skoglie</i> <b>06/09/95</b>		23. IRM Plant Telephone (24 hours prior to start) <b>N/A</b>																													
		24. Site Planning <i>E.F. Yancey</i> <b>6/12/95</b>																													
6. Facility/Plant Manager (for W.O./Project Packages only) <b>N/A</b>																															

\* Concurrence of 6-84-61B is pending Cultural Review letter.

## WHC-SD-EN-AP-161, Rev 0, APPENDIX E

## WELL LOCATION MAP

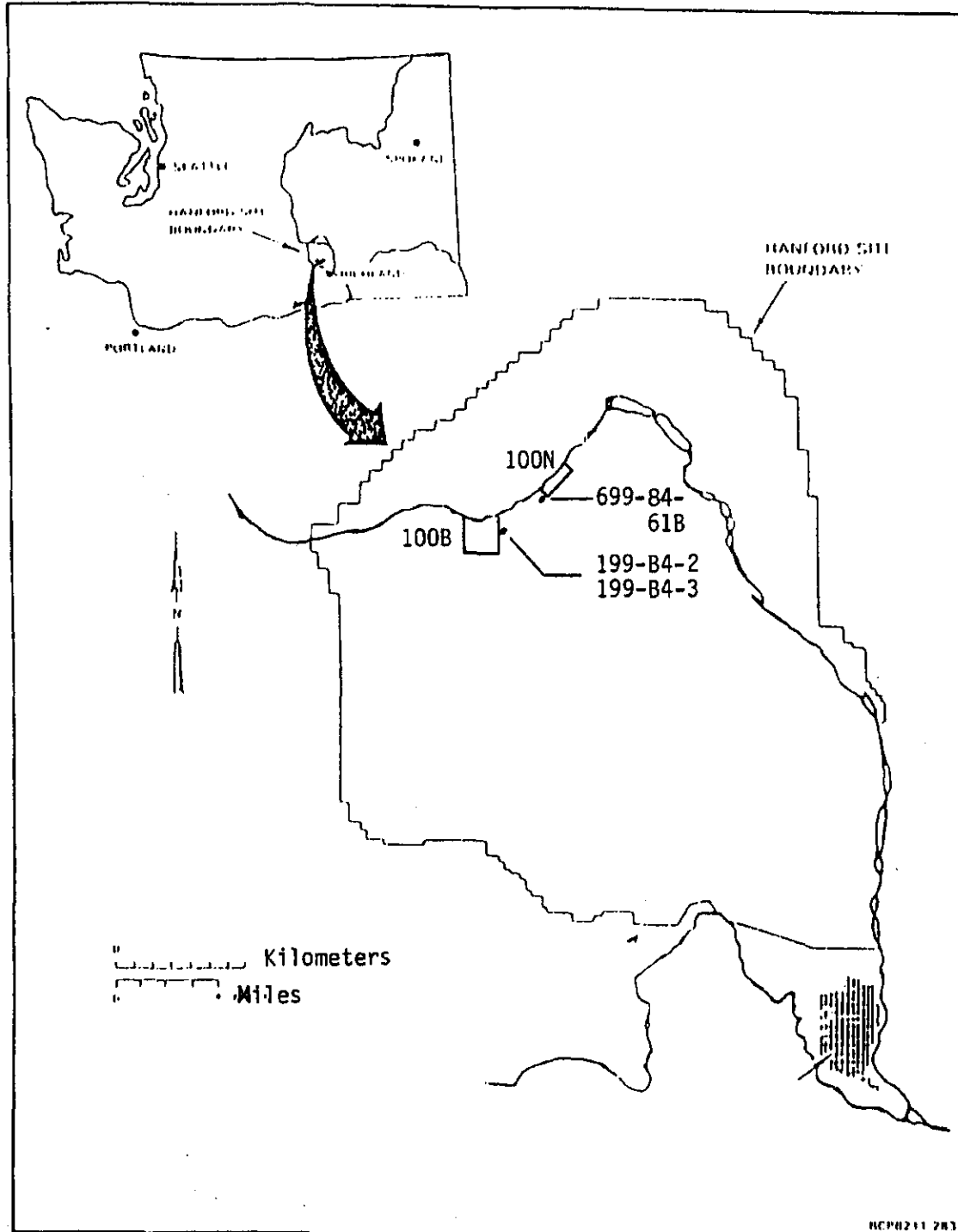


Figure 1. Location Map of Wells Selected for Decommissioning

600-95-0037

WESTINGHOUSE HANFORD COMPANY		EXCAVATION PERMIT	
1. Work Package No. RDICA		2. W.O./Project No. FY95 WELL DECOMMISSIONING	
3. Location of Excavation 699-50-28D AND 699-84-618		4. Originated By D.E. SKOGLIE	
Date 07/18/95		5. Engineering Change Notice (ECN) WHC-SC-EN-AP-161, REV 0, APPENDIX F	
6. Drawings Required (Identification Numbers) N/A		7. Other Affected Drawings or Documents WELL DECOMMISSIONING PLANNED FOR FOURTH QUARTER FISCAL YEAR 1995 BY WHC WELL SERVICES.	
8. Description of Work DECOMMISSION WELLS PER FITNESS FOR USE CHECKLIST AND WASHINGTON ADMINISTRATIVE CODES (WAC-173-160). WORK WILL BE DOCUMENTED ON FIELD ACTIVITY REPORTS.			
9. Special Instructions or Comments (Including Safety Requirements found in WHC-CM-4-3, CM-8) WORK WILL BE CONDUCTED PER AN APPLICABLE JOB HAZARD ANALYSIS.			
10. Excavation Requirements Planning Checklist (Check appropriate blocks to determine supplemental approvals)			
Will the excavation work:			
Yes	No		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	limit access, pedestrian or vehicle, to or from any area or building? (If yes, Occupational Health and Safety approval required.) Block 17	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	be within 25 feet of the center line of the railroad track? (If yes, Track Maintenance approval required.) Block 18	
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11. List Facilities, Services, and Utilities affected by Excavation SUBJECT WELLS WILL BE DECOMMISSIONED PER WAC CODES.		SUPPLEMENTAL APPROVALS	
12. Cultural Resources Review (all Packages) HCRC # 95-600-046		17. Occupational Health & Safety Date 7-24-95	
13. Occupational Health & Safety (for W.O./Project Packages only) N/A		18. Track Maintenance N/A	
RWP Required Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		19. 600 Area Landlord Date 7-24-95	
14. Environmental Insurance (for W.O./Project Packages only) Date 7/24/95		20. Electrical Utilities N/A	
15. Cognizant Engineer (for W.O./Project Packages only) David E Skoglie		21. Safeguards and Security N/A	
16. Facility/Plant Manager (for W.O./Project Packages only) N/A		22. Steam/Water Utilities N/A	
		23. IRM Plant Telephone (24 hours prior to start) N/A	
		24. Site Planning Date 7/24/95	



Post-It™ brand fax transmittal memo 7871		# of pages > 4
To: Dave Skoglie	From: W. C. Anderson	
Co.	Co. PNL	
Dept.	Phone # 376-8109	
Fax # 373-7495	Fax # 373-2958	


**Battelle**

Pacific Northwest Laboratories  
 Battelle Boulevard  
 P.O. Box 999  
 Richland, Washington 99352  
 Telephone (509) 376-8107

July 20, 1995

*No Known Historic Properties*

Mr. D. E. Skoglie  
 Westinghouse Hanford Company  
 Well Services  
 P. O. Box 1970/S3-24  
 Richland, WA 99352

Dear Mr. Skoglie:

CULTURAL RESOURCES REVIEW OF THE WELL DECOMMISSIONING. HCRC #95-600-046.

In response to your amended request received June 16, 1995, staff of the Hanford Cultural Resources Laboratory (HCRL) conducted a cultural resources review for two of the wells, 699-84-61B and 699-50-28 of the subject project. According to the information that you supplied, a drill and support equipment, including a compressor, support trailer, circulation tanks, etc., may be used at each well location during decommissioning. The remaining 12 wells requested as part of this review will be addressed in separate correspondence.

The two wells were visited by HCRL staff on July 19, 1995. Well 699-84-61B is located just to the south of 100 N (Figure 1). The area around the 6 inch diameter well and the access route to the well was examined for cultural remains. The well is in an area which has been extensively disturbed and is between a railroad track, a paved road, and a dirt road. The area around the well is flat. A pile of railroad ties and cement blocks were observed in the vicinity of the well. Russian thistle was the only plant observed growing in the well vicinity.

Well 699-50-28 is 10 m north of Route 2A near the east end of Gable Mountain (Figure 2). The ground around the 6 inch diameter well has been disturbed by well construction and maintenance as evidenced by vehicle tracks. An area 20 m in diameter around the well was examined for cultural remains. None were observed.

It is the finding of the HCRL staff that there are no known affected historic properties within the proposed project areas, however, well 699-84-61B may be within the traditional cultural property of Mooli-mooli and consultation with the Tribes by DOE-RL may be necessary. The workers must be directed to watch for cultural materials (e.g., bones, artifacts) during all work activities. If any are encountered, work in the vicinity of the discovery must stop until a cultural resource specialist has been notified, assessed the significance of the find, and, if necessary, arranged for mitigation of the impacts to the find. The HCRL must be notified if any changes to project location or scope are anticipated. This part of the project is a Class III and Class V undertaking, defined as a project which involves new construction in a disturbed, low-sensitivity area and in an undisturbed area.



Mr. D.-E. Skoglie  
July 20, 1995  
Page 2



Copies of this letter have been sent to Dee Lloyd, DOE, Richland Operations Office, as official documentation. If you have any questions, please call me at 376-8107. Please use the HCRC# above for any future correspondence concerning this project.

Very truly yours,

A handwritten signature in dark ink, appearing to read "NAC", written over the typed name.

N. A. Cadoret  
Technical Specialist  
Cultural Resources Project

Concurrence:

A handwritten signature in dark ink, appearing to read "M. K. Wright", written over the typed name.  
for P. R. Nickens, Project Manager  
Cultural Resources Project

cc: D. Lloyd, RL (2)  
L. L. Christl  
File/LB





**Battelle**

Pacific Northwest Laboratories  
Battelle Boulevard  
P. O. Box 999  
Richland, Washington 99352  
Telephone (509) 376-5345

July 19, 1995

Mr. Dave E. Skoglie  
Westinghouse Hanford Company  
P. O. Box 1970, MSIN S3-24  
Richland, WA 99352

Dear Mr. Skoglie:

**BIOLOGICAL REVIEW OF THE 600 AREAS WELLS RECOMMENDED FOR DECOMMISSIONING  
PROJECT, 600 Area, #95-600-046**

**Project Description:**

- Decommissioning of wells #699-97-47; -83-36F; -86-84; -S24-19B; -50-28; -81-47; -82-47; -81-48; -84-81B; -80-39B; and 199-B4-2 & -3.

**Survey Objectives:**

- To determine the occurrence in the well areas of plant and animal species protected under the Endangered Species Act (ESA), candidates for such protection, and species listed as threatened, endangered, candidate, sensitive, or monitor by the state of Washington, and species protected under the Migratory Bird Treaty Act,
- To evaluate the potential impacts of disturbance on priority habitats and protected plant and animal species identified in the survey.

**Survey Methods:**

- Pedestrian and ocular reconnaissance of the proposed sites were conducted by R. Zufelt and A. Stegen on July 12 & 18, 1995. The Braun-Blanquet cover-abundance scale (Bonham 1989) was used to determine percent cover of dominant vegetation,
- Priority habitats and species of concern are documented as such in the following: Washington Department of Fish and Wildlife (1993, 1994), U. S. Fish and Wildlife Service (1985, 1994a & b) and Washington State Department of Natural Resources (1994).

**Survey Results and Conclusions:**

- The vicinity of the wells has been previously disturbed. Vegetation is characteristic of disturbed areas and consists primarily of cheatgrass (*Bromus tectorum*), Jim Hill's tumble mustard (*Sisymbrium altissimum*), and Russian thistle (*Salsola kali*),
- No migratory bird species were observed nesting in the vicinity of the proposed well decommissioning sites,



Dave E. Skoglie  
95-600-046  
Page 2 of 2-

- No plant and animal species protected under the ESA, candidates for such protection, or species listed by the Washington state government were observed in the vicinity of the proposed sites.

**Recommendations:**

- No adverse impacts to species or habitats of concern are expected to occur from the proposed actions.

Sincerely,



CA Brandt, Ph.D.  
Project Manager  
Ecological Compliance Assessment

CAB:rkz

L

Dave E. Skoglie  
95-600-048  
Page 3 of 3

#### REFERENCES

Bonham, Charles D. 1989. Measurements for Terrestrial Vegetation, published by John Wiley & Sons, Inc. pp. 127-128.

U. S. Fish and Wildlife Service. 1985. Revised List of Migratory Birds; Final Rule. 50 FR 13708 (April 5, 1985).

U. S. Department of Interior, U. S. Fish and Wildlife Service. 1992a. Endangered and Threatened Wildlife and Plants. 50 CFR 17.11 and 17.12. (August 29, 1992).

U. S. Fish and Wildlife Service. 1994b. Endangered and Threatened Wildlife and Plants, Animal Candidate Review for Listing as Endangered or Threatened Species, Proposed Rule, 50 CFR 17. (November 15, 1994).

Washington Department of Fish and Wildlife. 1993. Priority Habitats and Species. pp. 22.

Washington Department of Fish and Wildlife. 1994. Species of Special Concern in Washington. (April 1994).

Washington Department of Natural Resources. 1994. Endangered, Threatened & Sensitive Vascular Plants of Washington. (January 1994).





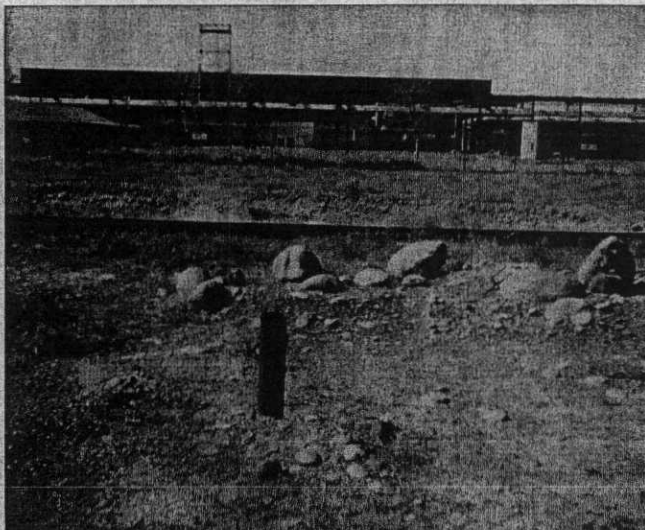
A9033

699-84-61B

Input  
Dye

A9033

# RESOURCE PROTECTION WELL STRUCTURE FIELD INSPECTION REPORT



6-84-61B  
A 9033

Well Number A9033/6-84-61B Date 03/28/95

Inspector (print) DE SKOGIE

Signature David E Skogie

## WELL IDENTIFICATION ID MARKINGS

Is the well labeled? ☐ Yes ☒ No

If yes, should the casing be relabeled? ☐ Yes ☐ No

Does the well have a brass marker? ☐ Yes ☒ No

If yes, is the brass marker stamped with well ID? ☐ Yes ☐ No

Does the casing need to be painted/repainted thus requiring relabeling? ☐ Yes ☒ No

Irregularities \_\_\_\_\_

## WELL SITE IDENTIFICATION

Does well have a barber pole? ☐ Yes ☒ No

Does well have an identification sign posted at entrance to access route? ☐ Yes ☒ No

Is well located in or around a particular facility? (e.g., 216-A-10 crib, B-Y Tank Farms, B-Pond, etc.) ☐ Yes ☒ No

Is well located in a radiation zone? ☐ Yes ☒ No

If no, is one needed? ☐ Yes ☐ No

If no, is one needed? ☐ Yes ☐ No

If yes, identify facility South of W Reactor

If yes, describe zone type \_\_\_\_\_

Irregular/Damage (describe) \_\_\_\_\_

## INSPECT WELL SURFACE PROTECTION MEASURES

### WELL CAPS

Is the well capped? ☐ Yes ☒ No

Is the cap able to be locked? ☐ Yes ☒ No

Is the cap locked? ☐ Yes ☒ No

Describe existing problems with well cap, if any, or check none: ☐ None

NA

### CONCRETE PAD

☒ None ☐ 4 ft x 4 ft ☐ 18 in. x 18 in. ☐ 2 ft round

Is it damaged? ☐ Yes ☐ No

Irregular/Damage (describe) NA

### BARRIER POSTS

Four posts, min. 3 in. ID, 1 removable? ☐ Yes ☒ No

If no, describe barrier posts: NA

How many posts? NA

Diameter of posts? NA

Is there a removable post? ☐ Yes ☒ No

Irregular/Damage (describe) NA

A-6000-499 (04/94)

BEST AVAILABLE COPY

# CASING INFORMATION

## CASING DIAMETERS: OUTER (SURFACE), INNER, AND OTHER - RECORD IN INCHES

Indicate diameter of casing. Describe type of casing (e.g., carbon steel, stainless steel, PVC, etc.)

Outer casing: OD/ID: 2 1/2" x 2 1/2" Type Sch 40 Carbon  
 Inner casing: OD/ID: \_\_\_\_\_ Type \_\_\_\_\_  
 Other casing: OD/ID: \_\_\_\_\_ Type \_\_\_\_\_  
 Other casing: OD/ID: \_\_\_\_\_ Type \_\_\_\_\_

Describe condition of top edge of the highest most casing:

☐ Jagged ☐ Uneven ☒ Fairly Level ☐ Beveled

Other (describe) \_\_\_\_\_

Describe protective casing damage, if any (e.g., hole in casing, bent, etc.), or check none:

☐ None

CASING @ a slight angle

Distance from: (check one)

☒ Ground Surface ☐ Cement Pad

To top edge of highest most casing

1.9 FT

## SAMPLING EQUIPMENT INSTALLATION

Describe type of pump system:

☐ Hydrostar ☐ Submersible ☐ Bladder ☒ None

Describe type of pump system support:

☐ Hydrostar Plate ☐ Well Seal ☐ J-Hook ☐ Steel Cable ☐ Pileless Adapter

Describe type of pump system:

☐ 3/4 in. Stainless Steel ☐ 1 1/2 in. ABS ☐ 1 in. PVC ☐ 1 1/2 in. galvanized

Irregular/Damage (describe)

NA

## WELL SITE SAFETY

Describe debris present at well site, if any, or check none:

☒ None

Describe well site irregularities (e.g., down in pit, locked building, overhead electrical power lines, on slope), or check none:

☒ None

Power lined '200' West and Rail Road TRACKS '80 FT North

## SURVEY INFORMATION

Describe survey mark location:

☐ Top edge of highest most casing ☐ Brass Marker ☐ Both ☒ None

Is stamp clearly visible?

☐ Yes ☐ No

Other (describe) \_\_\_\_\_

## DEPTH MEASUREMENTS

Depth to Water:

NA

Depth to Bottom:

21.8' - 1.9' = 19.9 FT GS

Comments: \_\_\_\_\_

## COMMENTS

This Well is ~ 105 FT West of Well A4702 (1-N-59)





## WHC-SD-EN-AP-161, Rev 0, Appendix F

<b>RESOURCE PROTECTION GROUNDWATER WELL STRUCTURE FITNESS FOR USE CHECKLIST</b>		1. Well No. <b>699-84-618</b>
		Page 1 of 2
2. Has a need for use of the well been identified and documented?	( <u>No</u> ) <u>No potential user identified</u>	
3. Is well presently in use?	( <u>No</u> ) <u>No use identified</u>	
4. Is casing sealed in accordance with IAW WAC 173-160-075?	( <u>No</u> ) <u>No documented annular seal</u>	
4a. Natural barriers preserved?	( <u>N/A</u> ) <u>Well terminates within upper sediments</u>	
4b. Aquifer/strata penetrated permanently sealed?	( <u>No</u> ) <u>No seals documented</u>	
4c. Annulus sealed against surface water?	( <u>No</u> ) <u>No surface seal documented</u>	
4d. Casing overlap more than 8 ft; packed and grouted?	( <u>N/A</u> ) <u>Not applicable</u>	
5. If not in use, is well capped IAW WAC 173-160-005?	( <u>Yes</u> ) <u>Capped not locked</u>	
6. Is design and construction IAW WAC 173-160-500?	( <u>No</u> ) <u>No annular seal</u>	
6a. Saturated formation/aquifers not connected?	( <u>N/A</u> ) <u>Not applicable</u>	
6b. Cuttings/development water handled IAW WAC 173-303?	( <u>N/A</u> ) <u>Not applicable</u>	
6c. Well properly identified?	( <u>No</u> ) <u>No permanent identification</u>	
7. Is surface protection IAW WAC 173-160-510?	( <u>No</u> ) <u>No surface seal documented</u>	
7a. Well capped and protected?	( <u>No</u> ) <u>Capped, not locked</u>	
7b. Protective posts, surface pad or cover installed?	( <u>No</u> ) <u>No posts or pad</u>	
7c. Surface protection waived or variance obtained?	( <u>N/A</u> ) <u>Not applicable</u>	
7d. Is existing surface protection damaged?	( <u>N/A</u> ) <u>Not applicable</u>	
8. Are casing materials IAW 173-160-520?	( <u>N/A</u> ) <u>Not applicable</u>	
9. Was drill rig/drilling equipment cleaned IAW WAC 173-160-530?	( <u>N/A</u> ) <u>Not applicable</u>	
9a. Drill rig/equipment casing/screen cleaned?	( <u>N/A</u> ) <u>Not applicable</u>	
9b. Filter pack cleaned? Material compatible?	( <u>N/A</u> ) <u>Not applicable</u>	
<b>RCRA/CERCLA MONITORING WELL?</b>		
10. Does water sample from vertical screened interval represent horizontal stratigraphy?	( <u>N/A</u> ) <u>Not applicable</u>	
10a. Screened interval documented?	( <u>N/A</u> ) <u>Not applicable</u>	
10b. Vertical lithology documented?	( <u>No</u> ) <u>Not documented</u>	



## WHC-SD-EN-AP-161, Rev 0, Appendix F

<b>RESOURCE PROTECTION GROUNDWATER WELL STRUCTURE FITNESS FOR USE CHECKLIST</b>		1. Well No. <b>699-84-618</b>
		Page 2 of 2
11. Is design and construction IAW WAC 173-160-5407 <input checked="" type="checkbox"/> <u>N/A</u> ) Not applicable		
11a. Screen commercially fabricated of material nonreactive to subsurface conditions? <input checked="" type="checkbox"/> <u>N/A</u> ) Not applicable		
11b. If filter pack installed, extends from bottom of screen to at least 3 ft above screen. <input checked="" type="checkbox"/> <u>N/A</u> ) Not applicable		
11c. Well has been developed. <input checked="" type="checkbox"/> <u>N/A</u> ) Not applicable		
11d. Annulus grouted with bentonite or bentonite/cement mixture. <input checked="" type="checkbox"/> <u>N/A</u> ) Not applicable		
12. Does water sample meet established acceptance criteria? Sample is less than 5 NTU and sand free. <input checked="" type="checkbox"/> <u>N/A</u> ) Not applicable		
13. Data Sources Used:		
Logs:	Driller's: <u>Not documented</u>	Date: _____ Company: _____
	Geologist: _____	Date: _____ Company: _____
	Geophysical: _____	Date: _____ Company: _____
	Television: _____	Date: _____ Company: _____
Publications: Title, Author, Date <u>HANFORD WELLS. M. A. Chamness and J. K. Merz. August 1993</u>		
Databases: <u>WHC Well Services</u>		
Field Check: <u>Well Services</u> Date: <u>03/28/95</u> Company: <u>WHC</u>		
Other: _____ _____ _____		
14. Comments: Identify evaluation criteria addressed by number: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____		
15. Status		
Well is acceptable for intended use	<input checked="" type="checkbox"/> <u>No</u> )	<u>Well lacks seals</u>
Well is acceptable for intended use if variance is granted	<input checked="" type="checkbox"/> <u>N/A</u> )	<u>Not applicable</u>
Rehabilitation required to continue intended use	<input checked="" type="checkbox"/> <u>No</u> )	<u>Not applicable</u>
Remediation required to achieve intended use	<input checked="" type="checkbox"/> <u>No</u> )	<u>Well has no identified user</u>
Decommission, well is unneeded or cannot be remediated	<input checked="" type="checkbox"/> <u>Yes</u> )	<u>well has no identified need</u>
Other: _____		
16. Status Recommendation		
Done By: Name: <u>T. J. Wood</u>	Title: <u>Senior Engineer</u>	Date: <u>06/30/95</u>

Page 1 of 1

### 1.1 Cement Volume - Open Hole/Casing

$$\underline{23} \text{ feet} \times 0.0408 \times \underline{5} D^2 = \underline{23.46} \text{ Gallons of cement required}$$

23 feet x 0.005454 x 5 D<sup>2</sup> = 3.14 Cubic feet of cement required

☐ Between Tubing and Hole (D = Hole diameter, inches; d = OD of Tubing, inches)

☐ Between Casing and Hole (D = Hole diameter, inches; d = OD of Casing, inches)

☐ Between Tubing and Casing (D = ID of Casing, inches; d = OD of Tubing, inches)

☐ Between Casings (D = ID of outer Casing, inches; d = OD of Inner Casing, inches)

~~$$D = \frac{\text{feet} \times 0.0408}{d^2} \times \left[ \frac{D^2 - (d^2 \times n)}{A} \right] = \text{Gallons of cement required}$$

n = Number of tubing strings~~
$$\text{feet} \times 0.005454 \times (D^2 - (d^2 \times n)) = \text{Cubic feet of cement required}$$

2.1 Calculate Sacks of Cement Type: I-II lbs/sack: 94 ft<sup>3</sup>/sack (mixed): 1.18

$$\frac{3.14}{1} \text{ ft}^3 \text{ (cement - from 1.0)} / \frac{1.18}{1} \text{ ft}^3/\text{sack (mixed)} = 2.66 \text{ sacks}$$
$$2.66 \text{ sacks} + 1.34 \text{ sacks excess} \cdot 65 \% \text{ required} = 4 \text{ Total sacks required}$$

4 Total sacks cement x 5.2 gallons water/sack = 20.8 gallons of mix water required

~~Type \_\_\_\_\_ Total sacks x \_\_\_\_\_ lbs/sack x \_\_\_\_\_ % = \_\_\_\_\_ lbs. required  
Cement Cement Additive Additive


Type \_\_\_\_\_ Total sacks x \_\_\_\_\_ lbs/sack x \_\_\_\_\_ % = \_\_\_\_\_ lbs. required  
Cement Cement Additive Additive~~

### 3.1 Balanced Plug Displacement

ft. (top of cement) -      ft. (water level) =      feet to be displaced

$$\frac{\text{ft. (to be displaced)} \times \text{gal./ft.}}{\text{ft.}} = \text{gallons of displacement water required}$$

A hand-drawn graph on lined paper. The graph shows a straight line with a positive slope. The line starts at a point on the vertical axis labeled "NA". The line extends upwards and to the right, with an arrow at the end indicating it continues infinitely.

Reviewed By D.E. Skoglie   
Title Sr. Drilling Engineer Date 08/17/95  
Signature David E. Skoglie

A9096 699-98-54A

# WELL ATTRIBUTES REPORT

WELL ORDER NO

WELL ID

WELL NAME

HOST WELL ID

A9097  
699-98-54A

DRILL DATE

CONST DATE

CONST DEPTH

LAST INSPECTION

NORTHING

EASTING

ELEVATION

LAST INSPECTION INFORMATION				CURRENT INSPECTION INFORMATION			
WELL PAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> ND*	WELL PAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> ND*	BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> ND*	MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> ND*	MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> ND*	WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> ND*	WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> ND*	PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> ND*	REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> ND*	WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> ND*	WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> ND*	WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> ND*	PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
BENTONITE IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> ND*	BENTONITE IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> ND*	WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
COLLAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> ND*	COLLAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> ND*	EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> ND*	DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
LAST PUMP INFORMATION				CURRENT PUMP INFORMATION			
PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED <input type="checkbox"/> REPLACED <input type="checkbox"/> REMOVED <input type="checkbox"/> REPAIRED			PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED <input type="checkbox"/> REPLACED <input type="checkbox"/> REMOVED <input type="checkbox"/> REPAIRED		
PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> ND*	PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> ND*	NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
ACTIVITY PERFORMED BY				ACTIVITY PERFORMED BY			
DATE ACTIVITY PERFORMED				DATE ACTIVITY PERFORMED			
PUMP TYPE				PUMP TYPE			
PUMP MAKE				PUMP MAKE			
PUMP MODEL				PUMP MODEL			
PUMP INTAKE DEPTH (ft)				PUMP INTAKE DEPTH (ft)			
TUBING SIZE (in)				TUBING SIZE (in)			
TUBING MATERIAL				TUBING MATERIAL			
TUBING LENGTH (ft)				TUBING LENGTH (ft)			
TUBING CONNECTION				TUBING CONNECTION			

ND\* - Not Documented

5/22/2006

Query HWIS again

**HWIS Interface - Well History Information - Decommissioning**

WELL_ID	WELL_NAME	DECOMMISSIONED_DATE	COMMENTS	SOURCE	DATE_OF_SOURCE
A9096	699-98-54A	10/01/1994	DECOMMISSIONED		

Query HWIS again

**HWIS Interface - Survey Information - Horizontal**

WELL_ID	WELL_NAME	SURVEY_CONTRACTOR	DATUM_TYPE	SURVEY_DATE	MEASUREMENT_METHOD	NORTHING	EASTING	SURVEY_UNITS	QUALIFIER
A9096	699-98-54A	BHI	NAD83(91)	01/01/1801	ESTIMATED	153123	573425	m	P

A9971 BH#1



# WELL ATTRIBUTES REPORT

**TELD ORDER NO**  
**WELL ID**  
**WELL NAME**  
**HOST WELL ID**

**A9971**  
**BH#1**

**CONST DATE**  
**CONST DEPTH**

**LAST INSPECTION** 1/1/1801  
**NORTHING**  
**EASTING**  
**ELEVATION**

LAST INSPECTION INFORMATION				CURRENT INSPECTION INFORMATION			
WELL PAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL PAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
BENTONITE IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	BENTONITE IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
COLLAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	COLLAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
SURFACE EROSION	<input type="checkbox"/> MAJOR	<input type="checkbox"/> NONE	<input type="checkbox"/> MINOR <input checked="" type="checkbox"/> ND*	SURFACE EROSION	<input type="checkbox"/> MAJOR	<input type="checkbox"/> NONE	<input type="checkbox"/> MINOR

LAST PUMP INFORMATION				CURRENT PUMP INFORMATION			
PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED	<input type="checkbox"/> REPLACED	<input checked="" type="checkbox"/> ND*	PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED	<input type="checkbox"/> REPLACED	<input type="checkbox"/> REMOVED
PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
ACTIVITY PERFORMED BY	ND*			ACTIVITY PERFORMED BY			
DATE ACTIVITY PERFORMED				DATE ACTIVITY PERFORMED			
PUMP TYPE	ND*			PUMP TYPE			
PUMP MAKE	ND*			PUMP MAKE			
PUMP MODEL	ND*			PUMP MODEL			
PUMP INTAKE DEPTH (ft)				PUMP INTAKE DEPTH (ft)			
TUBING SIZE (in)				TUBING SIZE (in)			
TUBING MATERIAL	ND*			TUBING MATERIAL			
TUBING LENGTH (ft)				TUBING LENGTH (ft)			
TUBING CONNECTION	ND*			TUBING CONNECTION			

ND\* - Not Documented

6/15/2005

# WELL ATTRIBUTES REPORT

FIELD ORDER NO			LAST INSPECTION	1/1/1801
WELL ID	A9971		NORTHING	
WELL NAME	BH#1	CONST DATE	EASTING	
HOST WELL ID		CONST DEPTH	ELEVATION	

## MEASUREMENT INFORMATION

	LAST	CURRENT
<b>A</b> DEPTH TO WATER(ft)		
DEPTH TO WATER DATE		
<b>B</b> DEPTH TO BOTTOM(ft)		
DEPTH TO BOTTOM DATE		
<b>C</b> STICK UP(ft)		
<b>D</b> REFERENCE MARK(ft)		
REFERENCE MARK IS TOC	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ND*	<input type="checkbox"/> YES <input type="checkbox"/> NO

## PERFORATION INFORMATION

CASING SIZE	TOP	BOTTOM CUTS/FT/ROUND

## CHANGES

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## CASING INFORMATION

SIZE	TOP	BOTTOM	MATERIAL	TYPE	CONNECTION	THICKNESS

## CHANGES

---



---



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## SCREEN INFORMATION

SIZE	TOP	BOTTOM	MATERIAL	TYPE	SLOT SIZE

## CHANGES

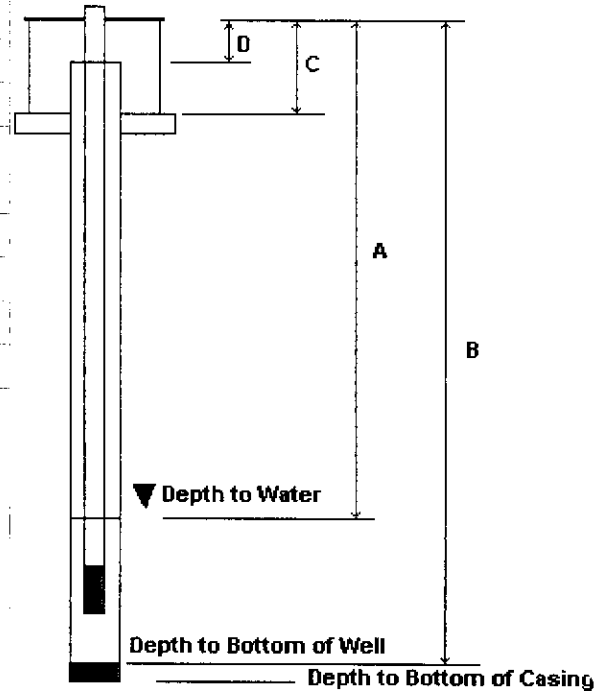
---



---



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- A DEPTH TO WATER FROM TOP OF CASING
- B DEPTH TO BOTTOM OF WELL FROM TOP OF CASING
- C TOP OF CASING TO GROUND SURFACE/PAD
- D TOP OF CASING TO SURVEY REFERENCE MARKER



Westinghouse  
Hanford Company

100-NR-2

5.1.5

P.O. Box 1970 Richland, WA 99352

September 28, 1994

9456555

0041540

State of Washington  
Department of Ecology  
Post Office Box 5128  
Lacey, Washington 98503-0210

ATTN: Cashiering Unit

NOTICE OF INTENT TO CONSTRUCT AND DECOMMISSION WELLS ON THE HANFORD SITE

Attached please find four Notices of Intent to Decommission Wells at the Hanford Site for five wells. The notification numbers are as follows:

A32014  
A32015

A32016  
A32017

These wells will be decommissioned on the Hanford Site owned by the U.S. Department of Energy. Required fees will be submitted quarterly from Westinghouse Hanford Company's Purchasing Organization.

Should you have any questions, please contact Mr. R. Szymarek of the State of Washington Department of Ecology at (206) 407-6648.

Very truly yours,

*M. G. Gardner*

M. G. Gardner, Manager  
Well Services  
Earth and Environmental  
Technical Services

aeh

Attachments 4

BHI - J. D. Fancher  
R. C. Havenor

KEH - S. E. Imhoff

PNL - M. A. Chamness

RECEIVED

SEP 29 1994

ICF KAISER HANFORD COMPANY  
ENVIRONMENTAL RESTORATION  
SERVICES

N SPRINGS

Query HWIS again

# **HWIS Interface - Well History Information - Decommissioning**

WELL_ID	WELL_NAME	DECOMMISSIONED_DATE	COMMENTS	SOURCE	DATE_OF_SOURCE
A9971	BH#1	07/22/1997	DECOMMISSIONED		



# NOTICE OF INTENT TO DECOMMISSION A WELL

*This form must be received by the Department of Ecology three days before you decommission a well. Complete both sides of this form. Submit one form for each job site. Mail this form to Department of Ecology, Water Resources Program, Well Drilling Unit, P.O. Box 47600, Olympia, WA 98504-7600. Instructions for filling out this form are printed on the back.*

- PROPERTY OWNER: U.S. Department of Energy PHONE NO. ( 509 ) 376-2908
- ADDRESS: 825 Jadwin Ave, Richland, WA. 99320
- AGENT (If different from #1): Westinghouse Hanford Co. PHONE NO. ( 509 ) 376-2908
- ADDRESS: P.O. Box 1970, MSIN N3-06, Richland, WA. 99352
- JOB SITE/WELL LOCATION: 1/4 of the NW 1/4 Section 11 Township 10N Range 28E <sup>E.W.M</sup> or <sup>W.W.M</sup> (circle one)
- STREET ADDRESS (if known): N/A
- WELL IDENTIFICATION NUMBER: A9971 & A9972 (TEMPORARY NAMES--BH #1 & BH #2)
- LOCATION OF WELL(S): (please check county)

<input type="checkbox"/> ADAMS COUNTY	<input type="checkbox"/> 01-ERO	<input type="checkbox"/> GRAYS HARBOR COUNTY	<input type="checkbox"/> 14-SWR	<input type="checkbox"/> PIERCE COUNTY	<input type="checkbox"/> 27-SWR
<input type="checkbox"/> ASOTIN COUNTY	<input type="checkbox"/> 02-ERO	<input type="checkbox"/> ISLAND COUNTY	<input type="checkbox"/> 15-NWR	<input type="checkbox"/> SAN JUAN COUNTY	<input type="checkbox"/> 28-NWR
<input checked="" type="checkbox"/> BENTON COUNTY	<input type="checkbox"/> 03-CRO	<input type="checkbox"/> JEFFERSON COUNTY	<input type="checkbox"/> 16-SWR	<input type="checkbox"/> SKAGIT COUNTY	<input type="checkbox"/> 29-NWR
<input type="checkbox"/> CHIELAN COUNTY	<input type="checkbox"/> 04-CRO	<input type="checkbox"/> KING COUNTY	<input type="checkbox"/> 17-NWR	<input type="checkbox"/> SKAMANIA COUNTY	<input type="checkbox"/> 30-SWR
<input type="checkbox"/> CLALLAM COUNTY	<input type="checkbox"/> 05-SWR	<input type="checkbox"/> KITSAP COUNTY	<input type="checkbox"/> 18-NWR	<input type="checkbox"/> SNOHOMISH COUNTY	<input type="checkbox"/> 31-NWR
<input type="checkbox"/> CLARK COUNTY	<input type="checkbox"/> 06-SWR	<input type="checkbox"/> KITTITAS COUNTY	<input type="checkbox"/> 19-CRO	<input type="checkbox"/> SPOKANE COUNTY	<input type="checkbox"/> 32-ERO
<input type="checkbox"/> COLUMBIA COUNTY	<input type="checkbox"/> 07-ERO	<input type="checkbox"/> KLIKITAT COUNTY	<input type="checkbox"/> 20-CRO	<input type="checkbox"/> STEVENS COUNTY	<input type="checkbox"/> 33-ERO
<input type="checkbox"/> COWLITZ COUNTY	<input type="checkbox"/> 08-SWR	<input type="checkbox"/> LEWIS COUNTY	<input type="checkbox"/> 21-SWR	<input type="checkbox"/> THURSTON COUNTY	<input type="checkbox"/> 34-SWR
<input type="checkbox"/> DOUGLAS COUNTY	<input type="checkbox"/> 09-CRO	<input type="checkbox"/> LINCOLN COUNTY	<input type="checkbox"/> 22-ERO	<input type="checkbox"/> WAHKIAKUM COUNTY	<input type="checkbox"/> 35-SWR
<input type="checkbox"/> FERRY COUNTY	<input type="checkbox"/> 10-ERO	<input type="checkbox"/> MASON COUNTY	<input type="checkbox"/> 23-SWR	<input type="checkbox"/> WALLA WALLA COUNTY	<input type="checkbox"/> 36-ERO
<input type="checkbox"/> FRANKLIN COUNTY	<input type="checkbox"/> 11-ERO	<input type="checkbox"/> OKANOGAN COUNTY	<input type="checkbox"/> 24-CRO	<input type="checkbox"/> WHIATCOM COUNTY	<input type="checkbox"/> 37-NWR
<input type="checkbox"/> GARFIELD COUNTY	<input type="checkbox"/> 12-ERO	<input type="checkbox"/> PACIFIC COUNTY	<input type="checkbox"/> 25-SWR	<input type="checkbox"/> WHITMAN COUNTY	<input type="checkbox"/> 38-ERO
<input type="checkbox"/> GRANT COUNTY	<input type="checkbox"/> 13-ERO	<input type="checkbox"/> PEND OREILLE COUNTY	<input type="checkbox"/> 26-ERO	<input type="checkbox"/> YAKIMA COUNTY	<input type="checkbox"/> 39-CRO

9. PLEASE FILL OUT THE PORTION BELOW CAREFULLY. The return address label must contain the name and address of the person submitting this notification. This portion will be validated and returned to them as proof of notification. Send the entire form to Department of Ecology, Water Resources Program, Well Drilling Unit, P.O. Box 47600, Olympia, WA 98504-7600.

THIS NOTIFICATION NUMBER MUST BE PROVIDED TO YOUR WELL DRILLER: A 32015

SUBMITTED BY (return address) ↓

NAME	<u>Martin Gardner</u>		
MAILING ADDRESS	<u>P.O. Box 1970/ N3-06</u>		
CITY	<u>Richland</u>	STATE	<u>WA.</u> ZIP <u>99352</u>

Agency Validation

Date: _____
-------------

10. APPROXIMATE WELL DECOMMISSIONING START DATE: 10/94

APPROXIMATE WELL DECOMMISSIONING END DATE: 11/94

11. WELL DRILLING COMPANY: KAISER ENGINEERS HANFORD PHONE: ( 509 ) 372-1780

12. WELL CONTRACTOR'S NAME: DARREL LUDTKE DRILLER'S LICENSE # 1333

13. CONTRACTOR'S REGISTRATION NO #: KAISEEH 134 BM  
(registration under Labor & Industries)

#### AGENCY USE

Your notification could not be validated. Please return with:

\_\_\_\_\_ Well location (see #5 & #6).

\_\_\_\_\_ Name/Address of property owner (see #1).

#### INSTRUCTIONS

*Items 1 and 2: Property owner's name, daytime phone number and mailing address. Omission of this information may result in processing delays.*

*Items 3 and 4: Agent's name. If your driller, consultant or another person is acting as your agent and submitting this notification form, please provide their name, address and daytime phone number. A receipt will be mailed to them.*

*Items 5 and 6: Please provide the Township, Range, Section, quarter section, and quarter/quarter section where the well will be located. This information can be found in your property legal description or the County Assessor's office. Also, if you have a street address for this property, please provide this information.*

*Item 7: If the well has a Department of Ecology Well Identification tag on it, record the six-character identifier here.*

*Item 8: Circle the county in which the well is located.*

*Item 9: Please print when filling out the return address label. It should include the name and mailing address of the person submitting this form. Mail the entire form to the Department of Ecology, Water Resources Program, Well Drilling Unit, P.O. Box 47600, Olympia, WA 98504-7600.*

*Items 10 - 13: This information should be obtained from your driller.*

#### FOR ASSISTANCE:

**CONTACT THE DEPARTMENT OF ECOLOGY REGIONAL OFFICE WHERE THE WELL IS LOCATED (see codes in Item #8).**

**Central Regional Office (CRO): (509) 575-2800**

**Eastern Regional Office (ERO): (509) 456-2926**

**Northwest Regional Office (NWR): (206) 649-7000**

**Southwest Regional Office (SWR): (206) 586-6380**



A9972 BH#2

# WELL ATTRIBUTES REPORT

FIELD ORDER NO			LAST INSPECTION	1/1/1801
WELL ID	A9972		NORTHING	
WELL NAME	BH#2	CONST DATE	EASTING	
HOST WELL ID		CONST DEPTH	ELEVATION	

LAST INSPECTION INFORMATION				CURRENT INSPECTION INFORMATION			
WELL PAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL PAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
BENTONITE IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	BENTONITE IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
COLLAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	COLLAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
SURFACE EROSION	<input type="checkbox"/> MAJOR	<input type="checkbox"/> NONE	<input type="checkbox"/> MINOR <input checked="" type="checkbox"/> ND*	SURFACE EROSION	<input type="checkbox"/> MAJOR	<input type="checkbox"/> NONE	<input type="checkbox"/> MINOR
LAST PUMP INFORMATION				CURRENT PUMP INFORMATION			
PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED <input type="checkbox"/> REPLACED <input checked="" type="checkbox"/> ND* <input type="checkbox"/> REMOVED			PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED <input type="checkbox"/> REPLACED <input type="checkbox"/> REMOVED		
PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
ACTIVITY PERFORMED BY	ND*			ACTIVITY PERFORMED BY			
DATE ACTIVITY PERFORMED				DATE ACTIVITY PERFORMED			
PUMP TYPE	ND*			PUMP TYPE			
PUMP MAKE	ND*			PUMP MAKE			
PUMP MODEL	ND*			PUMP MODEL			
PUMP INTAKE DEPTH (ft)				PUMP INTAKE DEPTH (ft)			
TUBING SIZE (in)				TUBING SIZE (in)			
TUBING MATERIAL	ND*			TUBING MATERIAL			
TUBING LENGTH (ft)				TUBING LENGTH (ft)			
TUBING CONNECTION	ND*			TUBING CONNECTION			

ND\* - Not Documented

6/15/2005



# WELL ATTRIBUTES REPORT

FIELD ORDER NO

WELL ID

A9972

WELL NAME

BH#2

HOST WELL ID

CONST DATE

CONST DEPTH

LAST INSPECTION 1/1/1801

NORTHING

EASTING

ELEVATION

## MEASUREMENT INFORMATION

LAST

CURRENT

A DEPTH TO WATER(ft)

DEPTH TO WATER DATE

B DEPTH TO BOTTOM(ft)

DEPTH TO BOTTOM DATE

C STICK UP(ft)

D REFERENCE MARK(ft)

REFERENCE MARK IS TOC

☐ YES

☐ NO

☒ ND\*

☐ YES

☐ NO

## PERFORATION INFORMATION

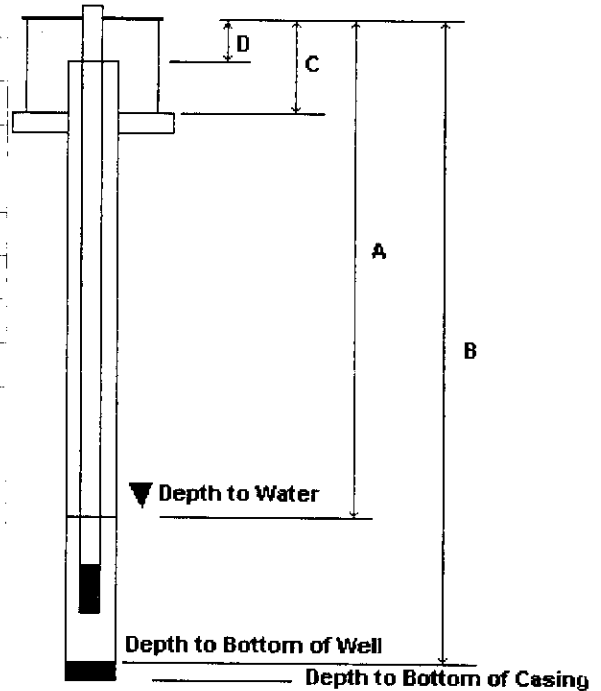
CASING SIZE

TOP

BOTTOM

CUTS/FT/ROUND

CHANGES



A DEPTH TO WATER FROM TOP OF CASING

B DEPTH TO BOTTOM OF WELL FROM TOP OF CASING

C TOP OF CASING TO GROUND SURFACE/PAD

D TOP OF CASING TO SURVEY REFERENCE MARKER

## CASING INFORMATION

SIZE	TOP	BOTTOM	MATERIAL	TYPE	CONNECTION	THICKNESS

CHANGES

## SCREEN INFORMATION

SIZE	TOP	BOTTOM	MATERIAL	TYPE	SLOT SIZE

CHANGES



Westinghouse  
Hanford Company

100-NR-2

5.1.5

P.O. Box 1970 Richland, WA 99352

September 28, 1994

9456555

0041540

State of Washington  
Department of Ecology  
Post Office Box 5128  
Lacey, Washington 98503-0210

ATTN: Cashiering Unit

NOTICE OF INTENT TO CONSTRUCT AND DECOMMISSION WELLS ON THE HANFORD SITE

Attached please find four Notices of Intent to Decommission Wells at the Hanford Site for five wells. The notification numbers are as follows:

A32014	A32016
A32015	A32017

These wells will be decommissioned on the Hanford Site owned by the U.S. Department of Energy. Required fees will be submitted quarterly from Westinghouse Hanford Company's Purchasing Organization.

Should you have any questions, please contact Mr. R. Szymarek of the State of Washington Department of Ecology at (206) 407-6648.

Very truly yours,

*M. G. Gardner*

M. G. Gardner, Manager  
Well Services  
Earth and Environmental  
Technical Services

aeh

Attachments 4

BHI - J. D. Fancher  
R. C. Havenor

KEH - S. E. Imhoff

PNL - M. A. Chamness

RECEIVED

SEP 29 1994

ICF KAISER HANFORD COMPANY  
ENVIRONMENTAL RESTORATION  
SERVICES

N SPRINGS



Notification Number A 32015

## NOTICE OF INTENT TO DECOMMISSION A WELL

*This form must be received by the Department of Ecology three days before you decommission a well. Complete both sides of this form. Submit one form for each job site. Mail this form to Department of Ecology, Water Resources Program, Well Drilling Unit, P.O. Box 47600, Olympia, WA 98504-7600. Instructions for filling out this form are printed on the back.*

1. PROPERTY OWNER: U.S. Department of Energy PHONE NO. ( 509 ) 376-2908
2. ADDRESS: 825 Jadwin Ave, Richland, WA. 99320
3. AGENT (If different from #1): Westinghouse Hanford Co. PHONE NO. ( 509 ) 376-2908
4. ADDRESS: P.O. Box 1970, MSIN N3-06, Richland, WA. 99352
5. JOB SITE/WELL LOCATION: 1/4 of the NW 1/4 Section 11 Township 10N Range 28E <sup>E.W.M.</sup><sub>or</sub> (circle one)  
W.W.M.
6. STREET ADDRESS (if known): N/A
7. WELL IDENTIFICATION NUMBER: A9971 & A9972 (TEMPORARY NAMES--BH #1 & BH #2)
8. LOCATION OF WELL(S): (please check county)

- |   |                                 |  |                                 |   |                                 |
|---|---------------------------------|--|---------------------------------|---|---------------------------------|
| <input type="checkbox"/> ADAMS COUNTY             | <input type="checkbox"/> 01-ERO | <input type="checkbox"/> GRAYS HARBOR COUNTY | <input type="checkbox"/> 14-SWR | <input type="checkbox"/> PIERCE COUNTY      | <input type="checkbox"/> 27-SWR |
| <input type="checkbox"/> ASOTIN COUNTY            | <input type="checkbox"/> 02-ERO | <input type="checkbox"/> ISLAND COUNTY       | <input type="checkbox"/> 15-NWR | <input type="checkbox"/> SAN JUAN COUNTY    | <input type="checkbox"/> 28-NWR |
| <input checked="" type="checkbox"/> BENTON COUNTY | <input type="checkbox"/> 03-CRO | <input type="checkbox"/> JEFFERSON COUNTY    | <input type="checkbox"/> 16-SWR | <input type="checkbox"/> SKAGIT COUNTY      | <input type="checkbox"/> 29-NWR |
| <input type="checkbox"/> CHIELAN COUNTY           | <input type="checkbox"/> 04-CRO | <input type="checkbox"/> KING COUNTY         | <input type="checkbox"/> 17-NWR | <input type="checkbox"/> SKAMANIA COUNTY    | <input type="checkbox"/> 30-SWR |
| <input type="checkbox"/> CLALLAM COUNTY           | <input type="checkbox"/> 05-SWR | <input type="checkbox"/> KITSAP COUNTY       | <input type="checkbox"/> 18-NWR | <input type="checkbox"/> SNOHOMISH COUNTY   | <input type="checkbox"/> 31-NWR |
| <input type="checkbox"/> CLARK COUNTY             | <input type="checkbox"/> 06-SWR | <input type="checkbox"/> KITTITAS COUNTY     | <input type="checkbox"/> 19-CRO | <input type="checkbox"/> SPOKANE COUNTY     | <input type="checkbox"/> 32-ERO |
| <input type="checkbox"/> COLUMBIA COUNTY          | <input type="checkbox"/> 07-ERO | <input type="checkbox"/> KLICKITAT COUNTY    | <input type="checkbox"/> 20-CRO | <input type="checkbox"/> STEVENS COUNTY     | <input type="checkbox"/> 33-ERO |
| <input type="checkbox"/> COWLITZ COUNTY           | <input type="checkbox"/> 08-SWR | <input type="checkbox"/> LEWIS COUNTY        | <input type="checkbox"/> 21-SWR | <input type="checkbox"/> THURSTON COUNTY    | <input type="checkbox"/> 34-SWR |
| <input type="checkbox"/> DOUGLAS COUNTY           | <input type="checkbox"/> 09-CRO | <input type="checkbox"/> LINCOLN COUNTY      | <input type="checkbox"/> 22-ERO | <input type="checkbox"/> WAHKIAKUM COUNTY   | <input type="checkbox"/> 35-SWR |
| <input type="checkbox"/> FERRY COUNTY             | <input type="checkbox"/> 10-ERO | <input type="checkbox"/> MASON COUNTY        | <input type="checkbox"/> 23-SWR | <input type="checkbox"/> WALLA WALLA COUNTY | <input type="checkbox"/> 36-ERO |
| <input type="checkbox"/> FRANKLIN COUNTY          | <input type="checkbox"/> 11-ERO | <input type="checkbox"/> OKANOGAN COUNTY     | <input type="checkbox"/> 24-CRO | <input type="checkbox"/> WHITCOM COUNTY     | <input type="checkbox"/> 37-NWR |
| <input type="checkbox"/> GARFIELD COUNTY          | <input type="checkbox"/> 12-ERO | <input type="checkbox"/> PACIFIC COUNTY      | <input type="checkbox"/> 25-SWR | <input type="checkbox"/> WHITMAN COUNTY     | <input type="checkbox"/> 38-ERO |
| <input type="checkbox"/> GRANT COUNTY             | <input type="checkbox"/> 13-ERO | <input type="checkbox"/> PEND OREILLE COUNTY | <input type="checkbox"/> 26-ERO | <input type="checkbox"/> YAKIMA COUNTY      | <input type="checkbox"/> 39-CRO |

9. PLEASE FILL OUT THE PORTION BELOW CAREFULLY. The return address label must contain the name and address of the person submitting this notification. This portion will be validated and returned to them as proof of notification. Send the entire form to Department of Ecology, Water Resources Program, Well Drilling Unit, P.O. Box 47600, Olympia, WA 98504-7600.

THIS NOTIFICATION NUMBER MUST BE PROVIDED TO YOUR WELL DRILLER: A 32015

SUBMITTED BY (return address) ↓

NAME	<u>Martin Gardner</u>		
MAILING ADDRESS	<u>P.O. Box 1970/ N3-06</u>		
CITY	<u>Richland</u>	STATE	<u>WA.</u> ZIP <u>99352</u>

Agency Validation

Date: <u>                    </u>
-----------------------------------

10. APPROXIMATE WELL DECOMMISSIONING START DATE: 10/94

APPROXIMATE WELL DECOMMISSIONING END DATE: 11/94

11. WELL DRILLING COMPANY: KAISER ENGINEERS HANFORD PHONE: ( 509 ) 372-1780

12. WELL CONTRACTOR'S NAME: DARREL LUDTKE DRILLER'S LICENSE # 1333

13. CONTRACTOR'S REGISTRATION NO #: KAISEEH 134 BM  
(registration under Labor & Industries)

#### AGENCY USE

Your notification could not be validated. Please return with:

\_\_\_\_\_ Well location (see #5 & #6).

\_\_\_\_\_ Name/Address of property owner (see #1).

#### INSTRUCTIONS

*Items 1 and 2: Property owner's name, daytime phone number and mailing address. Omission of this information may result in processing delays.*

*Items 3 and 4: Agent's name. If your driller, consultant or another person is acting as your agent and submitting this notification form, please provide their name, address and daytime phone number. A receipt will be mailed to them.*

*Items 5 and 6: Please provide the Township, Range, Section, quarter section, and quarter/quarter section where the well will be located. This information can be found in your property legal description or the County Assessor's office. Also, if you have a street address for this property, please provide this information.*

*Item 7: If the well has a Department of Ecology Well Identification tag on it, record the six-character identifier here.*

*Item 8: Circle the county in which the well is located.*

*Item 9: Please print when filling out the return address label. It should include the name and mailing address of the person submitting this form. Mail the entire form to the Department of Ecology, Water Resources Program, Well Drilling Unit, P.O. Box 47600, Olympia, WA 98504-7600.*

*Items 10 - 13: This information should be obtained from your driller.*

#### FOR ASSISTANCE:

**CONTACT THE DEPARTMENT OF ECOLOGY REGIONAL OFFICE WHERE THE WELL IS LOCATED (see codes in Item #8).**

**Central Regional Office (CRO): (509) 575-2800**

**Eastern Regional Office (ERO): (509) 456-2926**

**Northwest Regional Office (NWR): (206) 649-7000**

**Southwest Regional Office (SWR): (206) 586-6380**





# WELL ATTRIBUTES REPORT

WELL ORDER NO				LAST INSPECTION	1/1/1801
WELL ID	B2573			NORTHING	
WELL NAME	C-1-1	CONST DATE		EASTING	
HOST WELL ID		CONST DEPTH		ELEVATION	

LAST INSPECTION INFORMATION				CURRENT INSPECTION INFORMATION			
WELL PAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL PAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
BENTONITE IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	BENTONITE IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
COLLAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	COLLAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
SURFACE EROSION	<input type="checkbox"/> MAJOR	<input type="checkbox"/> NONE	<input checked="" type="checkbox"/> ND*	SURFACE EROSION	<input type="checkbox"/> MAJOR	<input type="checkbox"/> NONE	
	<input type="checkbox"/> MINOR	<input checked="" type="checkbox"/> ND*			<input type="checkbox"/> MINOR	<input checked="" type="checkbox"/> ND*	

LAST PUMP INFORMATION				CURRENT PUMP INFORMATION			
PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED	<input type="checkbox"/> REPLACED	<input checked="" type="checkbox"/> ND*	PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED	<input type="checkbox"/> REPLACED	
	<input type="checkbox"/> REMOVED				<input type="checkbox"/> REMOVED		
PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
ACTIVITY PERFORMED BY	ND*			ACTIVITY PERFORMED BY			
DATE ACTIVITY PERFORMED				DATE ACTIVITY PERFORMED			
PUMP TYPE	ND*			PUMP TYPE			
PUMP MAKE	ND*			PUMP MAKE			
PUMP MODEL	ND*			PUMP MODEL			
PUMP INTAKE DEPTH (ft)				PUMP INTAKE DEPTH (ft)			
TUBING SIZE (in)				TUBING SIZE (in)			
TUBING MATERIAL	ND*			TUBING MATERIAL			
TUBING LENGTH (ft)				TUBING LENGTH (ft)			
TUBING CONNECTION	ND*			TUBING CONNECTION			

ND\* - Not Documented

6/15/2005

# WELL ATTRIBUTES REPORT

FIELD ORDER NO			LAST INSPECTION	1/1/1801
WELL ID	B2573		NORTHING	
WELL NAME	C-1-1	CONST DATE	EASTING	
HOST WELL ID		CONST DEPTH	ELEVATION	

## MEASUREMENT INFORMATION

	LAST	CURRENT
<b>A</b> DEPTH TO WATER(ft)		
DEPTH TO WATER DATE		
<b>B</b> DEPTH TO BOTTOM(ft)		
DEPTH TO BOTTOM DATE		
<b>C</b> STICK UP(ft)		
<b>D</b> REFERENCE MARK(ft)		
REFERENCE MARK IS TOC	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ND*	<input type="checkbox"/> YES <input type="checkbox"/> NO

## PERFORATION INFORMATION

CASING SIZE	TOP	BOTTOM	CUTS/FT/ROUND

### CHANGES

## CASING INFORMATION

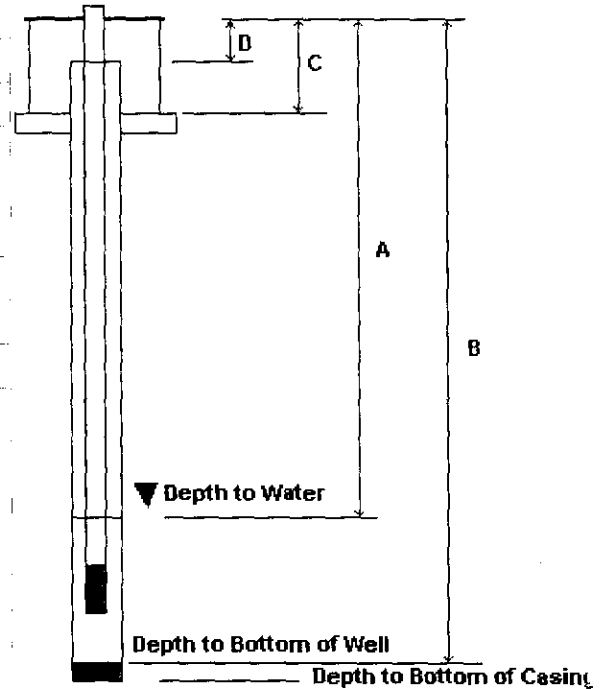
SIZE	TOP	BOTTOM	MATERIAL	TYPE	CONNECTION	THICKNESS

### CHANGES

## SCREEN INFORMATION

SIZE	TOP	BOTTOM	MATERIAL	TYPE	SLOT SIZE

### CHANGES



- A DEPTH TO WATER FROM TOP OF CASING
- B DEPTH TO BOTTOM OF WELL FROM TOP OF CASING
- C TOP OF CASING TO GROUND SURFACE/PAD
- D TOP OF CASING TO SURVEY REFERENCE MARKER

62563 → B2582

File Original and First Copy with  
Department of Ecology  
Second Copy — Owner's Copy  
Third Copy — Driller's Copy

# WATER WELL REPORT

STATE OF WASHINGTON

Well Case No. A32079

UNIQUE WELL I.D. # B2563-B2582

Water Right Permit No. N/A

(1) OWNER: Name Department of Energy Richland Washington

(2) LOCATION OF WELL: County Benton 1/4 1/4 Sec 11 T 13 N R 75E

(2a) STREET ADDRESS OF WELL (or nearest address) 100 BC area, Hanford Site (B-4 & C-1) (PSC)

(3) PROPOSED USE: ☐ Domestic ☐ Industrial ☐ Municipal ☐  
☐ Irrigation ☐ Test Well ☐ Other Test Holes  
☐ DeWater

(4) TYPE OF WORK: Owner's number of well (if more than one) \_\_\_\_\_  
Abandoned ☒ New well ☐ Method: Dug ☐ Bored ☐  
Deepened ☐ Cable ☐ Driven ☐  
Reconditioned ☐ Rotary ☐ Jetted ☐

(5) DIMENSIONS: Diameter of well \_\_\_\_\_ inches.  
Drilled \_\_\_\_\_ feet. Depth of completed well \_\_\_\_\_ ft.

(6) CONSTRUCTION DETAILS:  
Casing installed: \_\_\_\_\_ Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
Wellhead \_\_\_\_\_ Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
Liner installed ☐ Threaded ☐ \_\_\_\_\_ Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Perforations: Yes ☐ No ☐  
Type of perforator used \_\_\_\_\_  
SIZE of perforations \_\_\_\_\_ in. by \_\_\_\_\_ in.  
\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Screens: Yes ☐ No ☐  
Manufacturer's Name \_\_\_\_\_  
Type \_\_\_\_\_ Model No. \_\_\_\_\_  
Diam. \_\_\_\_\_ Slot size \_\_\_\_\_ from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
Diam. \_\_\_\_\_ Slot size \_\_\_\_\_ from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Gravel packed: Yes ☐ No ☐ Size of gravel \_\_\_\_\_  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Surface seal: Yes ☐ No ☐ To what depth? \_\_\_\_\_ ft.  
Material used in seal \_\_\_\_\_

Did any strata contain unusable water? Yes ☐ No ☐  
Type of water? \_\_\_\_\_ Depth of strata \_\_\_\_\_  
Method of sealing strata off N/A

(7) PUMP: Manufacturer's Name \_\_\_\_\_  
Type: \_\_\_\_\_ H.P. \_\_\_\_\_

(8) WATER LEVELS: Land-surface elevation above mean sea level \_\_\_\_\_ ft.  
Static level \_\_\_\_\_ ft. Below top of well Date \_\_\_\_\_  
Artesian pressure \_\_\_\_\_ lbs. per square inch Date \_\_\_\_\_  
Artesian water is controlled by \_\_\_\_\_ (Cap, Valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level  
Was a pump test made? Yes ☐ No ☐ If yes, by whom? \_\_\_\_\_  
Yield: \_\_\_\_\_ gal./min. with \_\_\_\_\_ ft. drawdown after \_\_\_\_\_ hrs.

Time	Water Level	Time	Water Level	Time	Water Level

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)  
Date of test \_\_\_\_\_  
Water test \_\_\_\_\_ gal./min. with \_\_\_\_\_ ft. drawdown after \_\_\_\_\_ hrs.  
Test \_\_\_\_\_ gal./min. with start set at \_\_\_\_\_ ft. for \_\_\_\_\_ hrs.  
Artesian flow \_\_\_\_\_ g.p.m. Date \_\_\_\_\_  
Temperature of water \_\_\_\_\_ Was a chemical analysis made? Yes ☐ No ☐

(10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION:

Formation: Describe by color, character, size of material and structure, and show thickness of each stratum penetrated, with a brief description of the change of information.

Generic notes  
The following TD #s B2563-B2582 as noted on attached sheet, were 13 1/4" push holes which were geographically logged. Following logging the 13 1/4" x 11" TD pipe was extracted while bottom cutters were used to abandon these vadose zone holes. See attached list of holes depths, and abandonment dates.

Work Started 8/18/95 10. Completed 8/18

## WELL CONSTRUCTOR CERTIFICATION:

I constructed and/or accept responsibility for construction of this well in compliance with all Washington well construction standards. Materials and the information reported above are true to my best knowledge and belief.

NAME Water Development Hanford  
(PERSON, FIRM, OR CORPORATION) (TYPE ON BACK)

Address P.O. Box 4194, W. Richland WA

(Signed) W. J. ... License No. 2272  
(WELL DRILLER)

Contractor's Registration No. 601-546-086 Date SEPT. 20 1994

(USE ADDITIONAL SHEETS IF NECESSARY)

Ecology is an Equal Opportunity and Affirmative Action employer. For special accommodation needs, contact the Water Resources Program at (206) 407-6800. The TDD number is (206) 407-6800.





# WELL ATTRIBUTES REPORT

WELL ORDER NO			LAST INSPECTION	1/1/1801
WELL ID	B2574		NORTHING	
WELL NAME	C-1-2	CONST DATE	EASTING	
HOST WELL ID		CONST DEPTH	ELEVATION	

LAST INSPECTION INFORMATION				CURRENT INSPECTION INFORMATION			
WELL PAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL PAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
BENTONITE IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	BENTONITE IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
LAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	COLLAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
SURFACE EROSION	<input type="checkbox"/> MAJOR	<input type="checkbox"/> NONE	<input checked="" type="checkbox"/> ND*	SURFACE EROSION	<input type="checkbox"/> MAJOR	<input type="checkbox"/> NONE	
	<input type="checkbox"/> MINOR	<input checked="" type="checkbox"/> ND*			<input type="checkbox"/> MINOR	<input checked="" type="checkbox"/> ND*	
LAST PUMP INFORMATION				CURRENT PUMP INFORMATION			
PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED	<input type="checkbox"/> REPLACED	<input checked="" type="checkbox"/> ND*	PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED	<input type="checkbox"/> REPLACED	
	<input type="checkbox"/> REMOVED				<input type="checkbox"/> REMOVED		
PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
ACTIVITY PERFORMED BY	ND*			ACTIVITY PERFORMED BY			
DATE ACTIVITY PERFORMED				DATE ACTIVITY PERFORMED			
PUMP TYPE	ND*			PUMP TYPE			
PUMP MAKE	ND*			PUMP MAKE			
PUMP MODEL	ND*			PUMP MODEL			
PUMP INTAKE DEPTH (ft)				PUMP INTAKE DEPTH (ft)			
TUBING SIZE (in)				TUBING SIZE (in)			
TUBING MATERIAL	ND*			TUBING MATERIAL			
TUBING LENGTH (ft)				TUBING LENGTH (ft)			
TUBING CONNECTION	ND*			TUBING CONNECTION			

ND\* - Not Documented

6/15/2005

# WELL ATTRIBUTES REPORT

FIELD ORDER NO			LAST INSPECTION	1/1/1801
WELL ID	B2574		NORTHING	
WELL NAME	C-1-2	CONST DATE	EASTING	
HOST WELL ID		CONST DEPTH	ELEVATION	

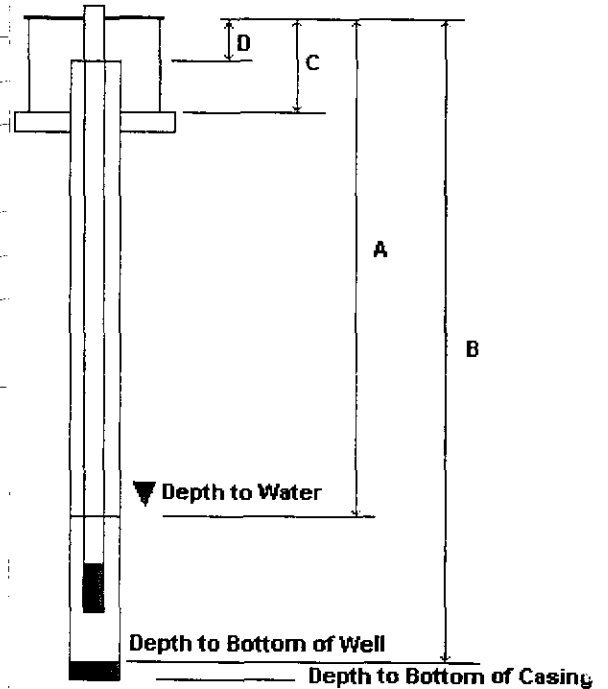
## MEASUREMENT INFORMATION

	LAST	CURRENT
<b>A</b> DEPTH TO WATER(ft)		
DEPTH TO WATER DATE		
<b>B</b> DEPTH TO BOTTOM(ft)		
DEPTH TO BOTTOM DATE		
<b>C</b> STICK UP(ft)		
<b>D</b> REFERENCE MARK(ft)		
REFERENCE MARK IS TOC	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ND*	<input type="checkbox"/> YES <input type="checkbox"/> NO

## PERFORATION INFORMATION

CASING SIZE	TOP	BOTTOM	CUTS/FT/ROUND

### CHANGES



A DEPTH TO WATER FROM TOP OF CASING  
 B DEPTH TO BOTTOM OF WELL FROM TOP OF CASING  
 C TOP OF CASING TO GROUND SURFACE/PAD  
 D TOP OF CASING TO SURVEY REFERENCE MARKER

## CASING INFORMATION

SIZE	TOP	BOTTOM	MATERIAL	TYPE	CONNECTION	THICKNESS

### CHANGES

## SCREEN INFORMATION

SIZE	TOP	BOTTOM	MATERIAL	TYPE	SLOT SIZE

### CHANGES

B2563 → B2582

File Original and First Copy with  
Department of Ecology  
Second Copy — Owner's Copy  
Third Copy — Driller's Copy

# WATER WELL REPORT

STATE OF WASHINGTON

Start Card No. A32079UNIQUE WELL I.D. # B2563-B2582Water Right Permit No. N/A(1) OWNER: Name Department of Energy Richland Washington(2) LOCATION OF WELL: County Benton 1/4 1/4 Sec 11 T 13 N 75 E(2a) STREET ADDRESS OF WELL (or nearest address) 100 BC area, Hanford Site (B-4 & C-1) (PS)

(3) PROPOSED USE: ☐ Domestic ☐ Industrial ☐ Municipal ☐  
☐ Irrigation ☐ Test Well ☐ Other Test Water  
☐ DeWater

(4) TYPE OF WORK: Owner's number of well (if more than one) \_\_\_\_\_  
 Abandoned ☒ New well ☐ Method: Dug ☐ Bored ☐  
 Deepened ☐ Cable ☐ Driven ☐  
 Reconditioned ☐ Rotary ☐ Jetted ☐

(5) DIMENSIONS: Diameter of well \_\_\_\_\_ inches.  
 Drilled \_\_\_\_\_ feet. Depth of completed well \_\_\_\_\_ ft.

(6) CONSTRUCTION DETAILS:  
 Casing installed: \_\_\_\_\_ Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 Welded ☐ \_\_\_\_\_ Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 Liner installed ☐ \_\_\_\_\_ Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 Threaded ☐ \_\_\_\_\_ Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Perforations: Yes ☐ No ☐  
 Type of perforator used \_\_\_\_\_  
 Size of perforations \_\_\_\_\_ in. by \_\_\_\_\_ in.  
 \_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 \_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 \_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Screens: Yes ☐ No ☐  
 Manufacturer's Name \_\_\_\_\_  
 Type \_\_\_\_\_ Model No. \_\_\_\_\_  
 Diam. \_\_\_\_\_ Slot size \_\_\_\_\_ from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 Diam. \_\_\_\_\_ Slot size \_\_\_\_\_ from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Gravel packed: Yes ☐ No ☐ Size of gravel \_\_\_\_\_  
 Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Surface seal: Yes ☐ No ☐ To what depth? \_\_\_\_\_ ft.  
 Material used in seal \_\_\_\_\_  
 Did any stress contain unusable water? Yes ☐ No ☐  
 Type of water? \_\_\_\_\_ Depth of stress \_\_\_\_\_  
 Method of sealing stress of N/A

(7) PUMP: Manufacturer's Name \_\_\_\_\_  
 Type: \_\_\_\_\_ H.P.

(8) WATER LEVELS: Land surface elevation above mean sea level \_\_\_\_\_ ft.  
 Static level \_\_\_\_\_ ft. below top of well Date \_\_\_\_\_  
 Artesian pressure \_\_\_\_\_ lbs. per square inch Date \_\_\_\_\_  
 Artesian water is controlled by \_\_\_\_\_ (Cap, Valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level  
 Was a pump test made? Yes ☐ No ☐ If yes, by whom? \_\_\_\_\_  
 Yield: \_\_\_\_\_ gal./min. with \_\_\_\_\_ ft. drawdown after \_\_\_\_\_ hrs.

" " " " " "  
 " " " " " "  
 Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)  
 Time Water Level Time Water Level Time Water Level

Date of test \_\_\_\_\_  
 Test \_\_\_\_\_ gal./min. with \_\_\_\_\_ ft. drawdown after \_\_\_\_\_ hrs.  
 Test \_\_\_\_\_ gal./min. with screen set at \_\_\_\_\_ ft. for \_\_\_\_\_ hrs.  
 Artesian flow \_\_\_\_\_ g.p.m. Date \_\_\_\_\_  
 Temperature of water \_\_\_\_\_ Was a chemical analysis made? Yes ☐ No ☐

## (10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

Formation: Describe by color, character, size of material and structure, and show the kind and nature of the material in each stratum penetrated, with a brief description of the change of information.

### MATERIAL

### FRUIT

Generic holes  
The following T.D. #s  
B2563-B2582 as noted  
on attached sheet,  
were 1 3/4" push  
holes which were  
geographically logged.  
Following logging the  
1 3/4" x 11" T.D. pipe was  
extracted while portions  
of crumbler were used  
to abandon these  
vadose zone holes.  
See attached list  
of holes, depths,  
and abandonment  
dates.

Work started 8/8/95 18. Completed 8/18

## WELL CONSTRUCTOR CERTIFICATION:

I constructed and/or accept responsibility for construction of this well, and compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME Water Development Hanford  
 (PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)

Address P.O. Box 4194, W. Richland, WA

(Signed) Walter A. Smith (License No. 2273)

Contractor's Registration No. 601-546-086 Date Sept. 20 1994

(USE ADDITIONAL SHEETS IF NECESSARY)

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B2575 C-1-3

# WELL ATTRIBUTES REPORT

<b>ELD ORDER NO</b>		<b>LAST INSPECTION</b>	1/1/1801
<b>WELL ID</b>	B2575	<b>NORTHING</b>	
<b>WELL NAME</b>	C-1-3	<b>EASTING</b>	
<b>HOST WELL ID</b>		<b>ELEVATION</b>	
	<b>CONST DATE</b>		
	<b>CONST DEPTH</b>		

LAST INSPECTION INFORMATION				CURRENT INSPECTION INFORMATION			
WELL PAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL PAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
BENTONITE IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	BENTONITE IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
LAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	COLLAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
SURFACE EROSION	<input type="checkbox"/> MAJOR <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input checked="" type="checkbox"/> ND*			SURFACE EROSION	<input type="checkbox"/> MAJOR <input type="checkbox"/> NONE <input type="checkbox"/> MINOR		
LAST PUMP INFORMATION				CURRENT PUMP INFORMATION			
PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED <input type="checkbox"/> REPLACED <input checked="" type="checkbox"/> ND* <input type="checkbox"/> REMOVED			PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED <input type="checkbox"/> REPLACED <input type="checkbox"/> REMOVED		
PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
ACTIVITY PERFORMED BY	ND*			ACTIVITY PERFORMED BY			
DATE ACTIVITY PERFORMED				DATE ACTIVITY PERFORMED			
PUMP TYPE	ND*			PUMP TYPE			
PUMP MAKE	ND*			PUMP MAKE			
PUMP MODEL	ND*			PUMP MODEL			
PUMP INTAKE DEPTH (ft)				PUMP INTAKE DEPTH (ft)			
TUBING SIZE (in)				TUBING SIZE (in)			
TUBING MATERIAL	ND*			TUBING MATERIAL			
TUBING LENGTH (ft)				TUBING LENGTH (ft)			
TUBING CONNECTION	ND*			TUBING CONNECTION			

ND\* - Not Documented

6/15/2005

# WELL ATTRIBUTES REPORT

FIELD ORDER NO			LAST INSPECTION	1/1/1801
WELL ID	B2575		NORTHING	
WELL NAME	C-1-3	CONST DATE	EASTING	
HOST WELL ID		CONST DEPTH	ELEVATION	

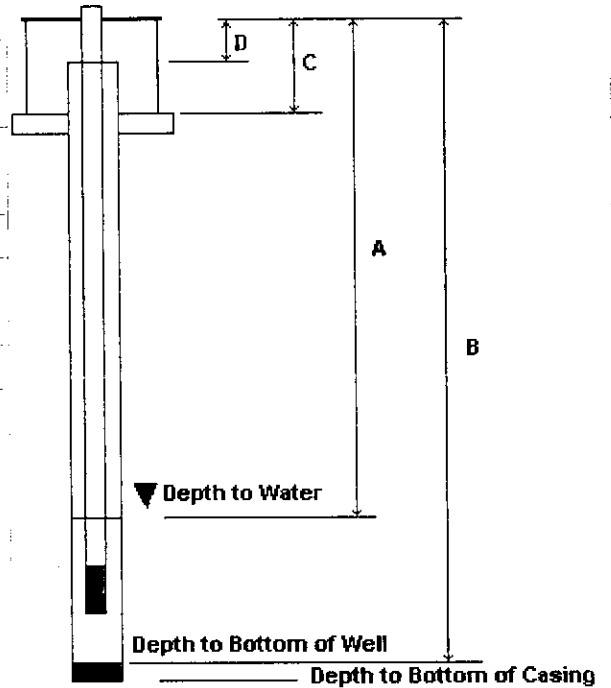
## MEASUREMENT INFORMATION

	LAST	CURRENT
<b>A</b> DEPTH TO WATER(ft)		
DEPTH TO WATER DATE		
<b>B</b> DEPTH TO BOTTOM(ft)		
DEPTH TO BOTTOM DATE		
<b>C</b> STICK UP(ft)		
<b>D</b> REFERENCE MARK(ft)		
REFERENCE MARK IS TOC	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ND*	<input type="checkbox"/> YES <input type="checkbox"/> NO

## PERFORATION INFORMATION

CASING SIZE	TOP	BOTTOM	CUTS/FT/ROUND

### CHANGES



A DEPTH TO WATER FROM TOP OF CASING  
 B DEPTH TO BOTTOM OF WELL FROM TOP OF CASING  
 C TOP OF CASING TO GROUND SURFACE/PAD  
 D TOP OF CASING TO SURVEY REFERENCE MARKER

## CASING INFORMATION

SIZE	TOP	BOTTOM	MATERIAL	TYPE	CONNECTION	THICKNESS

### CHANGES

## SCREEN INFORMATION

SIZE	TOP	BOTTOM	MATERIAL	TYPE	SLOT SIZE

### CHANGES

B2563 → B2582

File Original and First Copy with  
Department of Ecology  
Second Copy — Owner's Copy  
Third Copy — Driller's Copy

# WATER WELL REPORT

STATE OF WASHINGTON

Start Card No. A32079

UNIQUE WELL ID. # B2563-B2582

Water Right Permit No. N/A

(1) OWNER: Name Department of Energy Richland Washington

(2) LOCATION OF WELL: County Benton 1/4 Sec 11 T 13 N R 25 E

(2a) STREET ADDRESS OF WELL (or nearest address) 100 BC area, Hanford Site (B-4 & C-1) (PS)

(3) PROPOSED USE: ☐ Domestic ☐ Industrial ☐ Municipal ☐  
☐ Irrigation ☐ Test Well ☐ Other Test Holes  
☐ DeWater

(4) TYPE OF WORK: Owner's number of well (if more than one)  
Abandoned ☒ New well ☐ Method: ☐ Aug ☐ Bored ☐  
Deepened ☐ Cable ☐ Driven ☐  
Reconditioned ☐ Rotary ☐ Jetted ☐

(8) DIMENSIONS: Diameter of well \_\_\_\_\_ inches  
Drilled \_\_\_\_\_ feet. Depth of completed well \_\_\_\_\_ ft.

(5) CONSTRUCTION DETAILS:  
Casing installed: \_\_\_\_\_ Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
Welded ☐ \_\_\_\_\_ Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
Liner installed ☐ \_\_\_\_\_ Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
Threaded ☐

Perforations: Yes ☐ No ☐  
Type of perforator used \_\_\_\_\_  
SIZE of perforations \_\_\_\_\_ in. by \_\_\_\_\_ in.  
\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Screens: Yes ☐ No ☐  
Manufacturer's Name \_\_\_\_\_  
Type \_\_\_\_\_ Model No. \_\_\_\_\_  
Diam. \_\_\_\_\_ Slot size \_\_\_\_\_ from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
Diam. \_\_\_\_\_ Slot size \_\_\_\_\_ from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Gravel packed: Yes ☐ No ☐ Size of gravel \_\_\_\_\_  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Surface seal: Yes ☐ No ☐ To what depth? \_\_\_\_\_ ft.  
Material used in seal \_\_\_\_\_

Did any strata contain unusable water? Yes ☐ No ☐  
Type of water? \_\_\_\_\_ Depth of strata \_\_\_\_\_  
Method of sealing strata off N/A

(7) PUMP: Manufacturer's Name \_\_\_\_\_  
Type: \_\_\_\_\_ H.P. \_\_\_\_\_

(8) WATER LEVELS: Land-surface elevation above mean sea level \_\_\_\_\_ ft.  
Static level \_\_\_\_\_ ft. below top of well Date \_\_\_\_\_  
Artesian pressure \_\_\_\_\_ lbs. per square inch Date \_\_\_\_\_  
Artesian water is controlled by \_\_\_\_\_ (Cap, Valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level  
Was a pump test made? Yes ☐ No ☐ If yes, by whom? \_\_\_\_\_  
Yield: \_\_\_\_\_ gal./min. with \_\_\_\_\_ ft. drawdown after \_\_\_\_\_ hrs.

" " " " " "

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)  
Time Water Level Time Water Level Time Water Level

" " " " " "

Date of test \_\_\_\_\_  
Use test \_\_\_\_\_ gal./min. with \_\_\_\_\_ ft. drawdown after \_\_\_\_\_ hrs.  
Test \_\_\_\_\_ gal./min. with screen set at \_\_\_\_\_ ft. for \_\_\_\_\_ hrs.

Artesian flow \_\_\_\_\_ g.p.m. Date \_\_\_\_\_  
Temperature of water \_\_\_\_\_ Was a chemical analysis made? Yes ☐ No ☐

## (10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

Formation: Describe by color, character, size of material and structure, and show the kind and nature of the material in each stratum penetrated, with a view to the change of information.

MATERIAL \_\_\_\_\_

Generic holes

The following ID #s  
B2563-B2582, as noted  
on attached sheet,  
were 1 3/4" push  
holes which were  
geographically logged.  
Following logging the  
1 3/4" x 11" ID pipe was  
extracted while bottom  
crambler were used  
to abandon these  
vadose zone holes.

See attached list  
of holes, depths,  
and abandonment  
dates.

Work Started 8/8/95 18. Completed 8/1/98

## WELL CONSTRUCTOR CERTIFICATION:

I constructed and/or accept responsibility for construction of this well in compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME Water Development Hanford  
(PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)

Address P.O. Box 4194, W. Richland WA

(Signed) Walter A. Smith License No. 2273

Contractor's  
Registration  
No. 601-546-086 Date Sept. 20 1994

(USE ADDITIONAL SHEETS IF NECESSARY)

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B2576 C-1-4

# WELL ATTRIBUTES REPORT

<b>ELD ORDER NO</b>		<b>LAST INSPECTION</b>	1/1/1801
<b>WELL ID</b>	B2576	<b>NORTHING</b>	
<b>WELL NAME</b>	C-1-4	<b>EASTING</b>	
<b>HOST WELL ID</b>		<b>ELEVATION</b>	
	<b>CONST DATE</b>		
	<b>CONST DEPTH</b>		

LAST INSPECTION INFORMATION				CURRENT INSPECTION INFORMATION			
WELL PAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL PAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	BRASS SURVEY MARKER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	MARKER STAMPED WITH SURVEY DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	MARKER STAMPED WITH WELL ID DATA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LABELED WITH WELL ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LABELED WITH WELL NAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PROTECTIVE POSTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	REMOVABLE POST IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL LOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL DAMAGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL IS DRY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PARTED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
BENTONITE IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	BENTONITE IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	WELL SANDED IN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
COLLAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	COLLAPSED CASING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	EQUIPMENT IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	DEBRIS IN WELL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
SURFACE EROSION	<input type="checkbox"/> MAJOR	<input type="checkbox"/> NONE	<input checked="" type="checkbox"/> ND*	SURFACE EROSION	<input type="checkbox"/> MAJOR	<input type="checkbox"/> NONE	
	<input type="checkbox"/> MINOR	<input checked="" type="checkbox"/> ND*			<input type="checkbox"/> MINOR	<input checked="" type="checkbox"/> ND*	

LAST PUMP INFORMATION				CURRENT PUMP INFORMATION			
PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED	<input type="checkbox"/> REPLACED	<input checked="" type="checkbox"/> ND*	PUMP ACTIVITY PERFORMED	<input type="checkbox"/> INSTALLED	<input type="checkbox"/> REPLACED	
	<input type="checkbox"/> REMOVED				<input type="checkbox"/> REMOVED		
PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	PUMP TESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ND*	NEW PUMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
ACTIVITY PERFORMED BY	ND*			ACTIVITY PERFORMED BY			
DATE ACTIVITY PERFORMED				DATE ACTIVITY PERFORMED			
PUMP TYPE	ND*			PUMP TYPE			
PUMP MAKE	ND*			PUMP MAKE			
PUMP MODEL	ND*			PUMP MODEL			
PUMP INTAKE DEPTH (ft)				PUMP INTAKE DEPTH (ft)			
TUBING SIZE (in)				TUBING SIZE (in)			
TUBING MATERIAL	ND*			TUBING MATERIAL			
TUBING LENGTH (ft)				TUBING LENGTH (ft)			
TUBING CONNECTION	ND*			TUBING CONNECTION			

ND\* - Not Documented

6/15/2005

# WELL ATTRIBUTES REPORT

FIELD ORDER NO			LAST INSPECTION	1/1/1801
WELL ID	B2576		NORTHING	
WELL NAME	C-1-4	CONST DATE	EASTING	
HOST WELL ID		CONST DEPTH	ELEVATION	

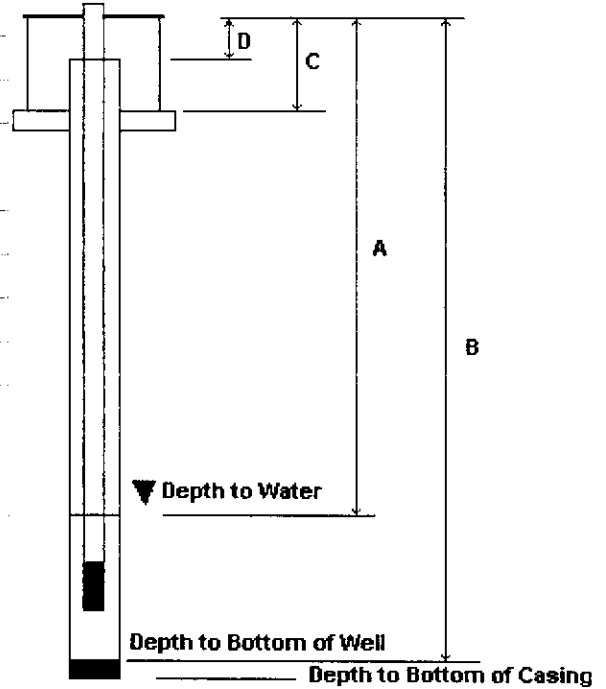
## MEASUREMENT INFORMATION

	LAST	CURRENT
<b>A</b> DEPTH TO WATER(ft)		
DEPTH TO WATER DATE		
<b>B</b> DEPTH TO BOTTOM(ft)		
DEPTH TO BOTTOM DATE		
<b>C</b> STICK UP(ft)		
<b>D</b> REFERENCE MARK(ft)		
REFERENCE MARK IS TOC	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ND*	<input type="checkbox"/> YES <input type="checkbox"/> NO

## PERFORATION INFORMATION

CASING SIZE	TOP	BOTTOM	CUTS/FT/ROUND

## CHANGES



A DEPTH TO WATER FROM TOP OF CASING  
 B DEPTH TO BOTTOM OF WELL FROM TOP OF CASING  
 C TOP OF CASING TO GROUND SURFACE/PAD  
 D TOP OF CASING TO SURVEY REFERENCE MARKER

## CASING INFORMATION

SIZE	TOP	BOTTOM	MATERIAL	TYPE	CONNECTION	THICKNESS

## CHANGES

## SCREEN INFORMATION

SIZE	TOP	BOTTOM	MATERIAL	TYPE	SLOT SIZE

## CHANGES

B2563 → B2582

File Original and First Copy with  
Department of Ecology  
Second Copy — Owner's Copy  
Third Copy — Driller's Copy

# WATER WELL REPORT

STATE OF WASHINGTON

Start Card No. A32079

UNIQUE WELL ID. # B2563-B2582

Water Right Permit No. N/A

(1) OWNER: Name Department of Energy Richland Washington

(2) LOCATION OF WELL: County Benton 1/4 Sec 11 T 13 N R 25E

(2a) STREET ADDRESS OF WELL (or nearest address) 100 BC area, Hanford Site (B-495-100)

(3) PROPOSED USE: ☐ Domestic ☐ Industrial ☐ Municipal ☐  
☐ Irrigation ☐ Test Well ☐ Other Test Holes  
☐ DeWater

(4) TYPE OF WORK: Owner's number of well (if more than one) \_\_\_\_\_  
Abandoned ☒ New well ☐ Method: ☐ Aug ☐ Bored ☐  
Deepened ☐ Cable ☐ Driven ☐  
Reconditioned ☐ Rotary ☐ Jetted ☐

(5) DIMENSIONS: Diameter of well \_\_\_\_\_ inches  
Drilled \_\_\_\_\_ feet. Depth of completed well \_\_\_\_\_ ft.

(6) CONSTRUCTION DETAILS:  
Casing installed: \_\_\_\_\_ Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
Welded ☐ \_\_\_\_\_ Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
Unreinforced ☐ \_\_\_\_\_ Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
Threaded ☐ \_\_\_\_\_ Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Perforations: Yes ☐ No ☐  
Type of perforator used \_\_\_\_\_  
SIZE of perforations \_\_\_\_\_ in. by \_\_\_\_\_ in.  
\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Screens: Yes ☐ No ☐  
Manufacturer's Name \_\_\_\_\_  
Type \_\_\_\_\_ Model No. \_\_\_\_\_  
Diam. \_\_\_\_\_ Slot size \_\_\_\_\_ from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
Diam. \_\_\_\_\_ Slot size \_\_\_\_\_ from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Gravel packed: Yes ☐ No ☐ Size of gravel \_\_\_\_\_  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Surface seal: Yes ☐ No ☐ To what depth? \_\_\_\_\_ ft.  
Material used in seal \_\_\_\_\_

Did any tests contain unusable water? Yes ☐ No ☐  
Type of water? \_\_\_\_\_ Depth of strata \_\_\_\_\_  
Method of sealing strata off N/A

(7) PUMP: Manufacturer's Name \_\_\_\_\_  
Type: \_\_\_\_\_ H.P.

(8) WATER LEVELS: Land surface elevation above mean sea level \_\_\_\_\_ ft.  
Static level \_\_\_\_\_ ft. below top of well Date \_\_\_\_\_  
Artesian pressure \_\_\_\_\_ lbs. per square inch Date \_\_\_\_\_  
Artesian water is controlled by \_\_\_\_\_ (Cap, Valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level  
Was a pump test made? Yes ☐ No ☐ If yes, by whom? \_\_\_\_\_  
Yield: \_\_\_\_\_ gal./min. with \_\_\_\_\_ ft. drawdown after \_\_\_\_\_ hrs.

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)  
Time Water Level Time Water Level Time Water Level

Date of test \_\_\_\_\_  
Test \_\_\_\_\_ gal./min. with \_\_\_\_\_ ft. drawdown after \_\_\_\_\_ hrs.  
Test \_\_\_\_\_ gal./min. with screen set at \_\_\_\_\_ ft. for \_\_\_\_\_ hrs.  
Artesian flow \_\_\_\_\_ g.p.m. Date \_\_\_\_\_  
Temperature of water \_\_\_\_\_ Was a chemical analysis made? Yes ☐ No ☐

(10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION:  
Formation: Describe by color, character, size of material and structure, and show the nature and the kind and nature of the material in each stratum penetrated, with a brief description of change of information.

Generic hole  
The following ID #s  
B2563-B2582, as noted  
on attached sheet,  
were 1 3/4" push  
holes which were  
geophysically logged.  
Following logging the  
1 3/4" x 11" ID pipe was  
extracted while bentonite  
crambler were used  
to abandon these  
vadose zone holes.  
See attached list  
of holes, depths,  
and abandonment  
dates.

Work Started 8/8/95 19. Completed 8/18

## WELL CONSTRUCTOR CERTIFICATION:

I constructed and/or accept responsibility for construction of this well, and compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME Water Development/Hanford

Address P.O. Box 4194, W. Richland, WA

(Signed) Walter A. Smith License No. 2273

Contractor's Registration No. 6001-546-086 Date SEPT. 20 1994

(USE ADDITIONAL SHEETS IF NECESSARY)

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